

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

UNITED STATES OF AMERICA,

Plaintiff,

v.

DELIA J. BAEZ,

Defendant.

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CIVIL No. 05-10401-RCL

UNITED STATES' MEMORANDUM FOR SUMMARY JUDGMENT

I. Introduction

This is a civil action brought by the United States against Delia J. Baez ("Baez"), of Boston, Massachusetts, under the False Claims Act, 31 U.S.C. §§ 3729 et seq., and under the common law for fraud, unjust enrichment, and payment by mistake of fact. The United States alleges that Baez obtained federal housing subsidies, Medicaid, cash income, and food stamps, all designed for the assistance of the poor, by representing that she was without assets and substantial income, when, in fact, she had substantial assets and income, including valuable real estate properties. The government seeks triple damages and civil penalties for violations of the False Claims Act, or, alternatively, single damages under common law remedies.

II. The Undisputed Material Facts

The United States' Statement of Undisputed Facts sets forth in detail the facts

regarding Baez' false claims to the government. During the period July 1998 through March 2004, Baez submitted claims for benefits from government programs intended for assistance to low-income households. She applied for and received income assistance, food stamps, and medical assistance, funded by the United States in the amount of \$21,089. She applied for and received an apartment in the Franklin Fields public housing project, Dorchester, Massachusetts, paying a monthly rent that was substantially below the value of the apartment and receiving federal subsidies of \$50,843.50. She received these benefits as a result of representations that she made that her income was minimal and that she had no substantial assets. The representations were false because she owned valuable real estate, received income from the real estate and another enterprise, and owned plentiful cash assets. Indeed, Baez was the owner of \$62,552 in cash that was seized from her at Logan Airport as she attempted to board a flight overseas, as well as other large sums of money.

III. The Applicable Law

A. The False Claims Act (Counts One Through Three)

The False Claims Act provides for the recovery of treble damages and civil penalties from any individual who receives money or benefits from the federal government as the result of false, fraudulent, or misleading statements. The statute provides:

Any person who--(1) knowingly presents, or causes to be presented, to an officer or employee of the United States Government . . . a false or fraudulent claim for payment or

approval;

- (2) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government;
- (3) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid;

is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person

31 U.S.C. 3729(a). For purposes of this statute, a “claim” [I]ncludes any request or demand, whether under a contract, or otherwise, for money or property which is made to a contractor, grantee, or other recipient if the United States Government provides any portion of the money or property which is requested or demand, or if the Government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

31 U.S.C. 3729(c).¹ Any action that has the “purpose and effect of inducing the

¹Rule 56, Federal Rules of Civil Procedure, provides that a Motion for Summary Judgment shall be granted where “the pleadings, depositions, answers to interrogatories, admissions on filed, together with affidavits, if any, show that there is no genuine issue as to any material fact and that the moving party is entitled to a judgment as a matter of law.” The summary judgment procedure is “an integral part of the Federal rules as a whole which are designed ‘to secure the just, speedy and inexpensive determination of every action.’” Celotex Corp. v. Catrett, 477 U.S. 317, 327 (1986).

The moving party bears the initial burden of establishing that there is an absence of a genuine issue of material fact. See Anderson v. Liberty Lobby, Inc., 477 U.S. 242, 256 (1986); Mulvihill v. Top Flite Golf Co., 335 F.3d 15, 19 (1st Cir. 2003). Once the movant has satisfied its burden, the nonmoving party must “set forth specific facts showing that there is a genuine issue for trial.” FRCP 56(e). For the non-moving party to defeat a summary judgment motion, it must set forth specific facts showing there is a genuine issue for trial. Anderson, 477 U.S. at 250. “Establishing a genuine issue of fact requires more than effusive rhetoric and optimistic surmise Evidence illustrating the factual controversy cannot be conjectural or problematic; it must have substance in the sense that it limns differing versions of truth which a factfinder must resolve at an

government immediately to part with money” is a claim under the False Claims Act (hereafter, the “FCA”). United States ex rel. Marcus v. Hess, 317 U.S. 537, 542-43 (1943) (bidding scheme by electrical contractors to obtain local government contracts funded by federal government violated FCA); United States v. Neifert-White, 390 U.S. 228, 230 (1968) (“the term should be construed broadly to reach “all fraudulent attempts to cause the government to pay out sums of money”); United States v. Rivera, 55 F. 3d 703, 710 (1st Cir. 1995) (court should look to see, within the payment scheme, whether the statement has the practical purpose and effect, and poses the attendant risk, of inducing wrongful payment);² The purpose of the false statement is to induce the government to part with money, and a purpose to defraud is not a necessary element of the offense. United States v. Rivera, 55 F. 3d at 709. United States ex rel Richard G.

ensuing trial.” Cadle Co. v. Hayes, 116 F.3d 957, 960 (1st Cir. 1997)(citations omitted). In order to defend herself from an adverse order of summary judgment, the nonmovant must point to specific, competent evidence to support her claim. August v. Offices Unlimited, Inc., 981 F.2d 576, 580 (1st Cir. 1992); see Wynne v. Tufts Univ. Sch. of Med., 976 F.2d 791, 796 (1st Cir. 1992).

² The phrase “because of” in the FCA means that the false claims caused the damages to the government or that the damages would not have occurred but for the defendant’s false statement or claim. United States v. First Nat’l Bank of Chicago, 957 F. 2d 1362 (7th Cir. 1992).

The FCA reaches “any person who knowingly assisted in causing the government to pay claims which were grounded in fraud, without regard to whether that person had direct contractual relations with the government.” Marcus v. Hess, 317 U.S. at 544-45. See United States v. Bornstein, 423 U.S. 303 (1976) (fraud by subcontractor violates FCA when the claim is presented to the government by the prime contractor); United States v. President and Trustees of Harvard University, 323 F. Supp. 151, 186 (D. Mass. 2004) (“a person need not submit claims directly to the government to be liable”).

Schmidt, M.D. v. Zimmer, Inc., 386 F. 3d 235, 242-44 (3rd Cir. 2004) (same as to Medicare reimbursement claims). A false statement must be material, which depends on whether it has a natural tendency to influence agency action or is capable of influencing agency action. See President and Fellows of Harvard Univ., 323 F. Supp.2d 151 at 181-82 (D. Mass. 2004).

Claims for funds that are subject to federal reimbursement are covered under the term “false claims.” 31 U.S.C. 3729(c) (overruling United States v. Azzarelli Constr. Co., 647 F. 2d 757 (6th Cir. 1962). Medicaid claims are covered by the FCA. United States v. Krizek, 859 F. Supp. 5, 13 (D.D.C. 1994) (Medicare); United States v. Jacobson, 467 F. Supp. 50 (S.D.N.Y. 1979) (false claims to state Medicaid program fall within the FCA); United States ex rel. Davis v. Long’s Drugs, Inc., 411 F. Supp. 1144, 1146-47 (S.D. Cal. 1976) (same).³

A claim may be false not only through affirmative misrepresentation of a fact, but also by failure to disclose other material facts without which the claim is misleading. United States v. Taliaferro, 979 F. 2d 1399, 1404 (10th Cir. 1992) (failure to list assets on a financial statement in connection with the FDIC’s attempt to collection the balance of a promissory note was a false statement); United States v. Spector, 326 F. 2d 345, 349 (7th

³ The statute of limitations for a FCA action is not (1) more than 6 years after the date on which the violation of section 3729 is committed or (2) more than 3 years after the date when facts material to the right of action are known or reasonably should have been known by the official of the United States charged with responsibility to act in the circumstances, but in no event more than 10 years after the date on which the violation is committed, whichever occurs last. 31 U.S.C. § 3731.

Cir. 1963) (failure to disclose mortgage is false statement)..

The term “knowingly” is defined by the FCA as follows:

that a person, with respect to information—

- (1) has actual knowledge of the information;
- (2) acts in deliberate ignorance of the truth or falsity of the information;
or
- (3) acts in reckless disregard of the truth or falsity of the information,
and no proof of specific intent to defraud is required.

31 U.S.C. 3729(b). Thus, proof of reckless disregard of the truth or falsity of information or proof of deliberate ignorance are sufficient to establish liability under the FCA. Proof of an intentional, deliberate, or willful act is not required. United States v. Data Translation, Inc., 984 F. 2d 1256, 1266 (1st Cir. 1992) (“Prior to the 1986 amendments, the statute included a single intent standard: actual knowledge of falsity.”).⁴ Moreover, an individual is liable not only when he submitted false claims directly to the government, but also when he caused such claims to be presented. United States ex rel. Marcus v. Hess, 317 U.S. 537, 544-45 (1943) (construing earlier version of FCA to reach “any person who knowingly assisted in causing the government to pay claims which were grounded in fraud, without regard to whether that person had direct contractual relations with the government”). The state of mind in submitting a claim may be demonstrated by direct or by circumstantial evidence. United States v. O’Brien, 14 F. 3d 703, 704 (1st Cir.

⁴ “However, innocent mistakes and negligence are not offenses under the [FCA].” United States v. Taber Extrusions, LP, 341 F. 3d 843, 845 (8th Cir. 2003); United States v. Krown, 808 F. 2d 144, 147-48 (1st Cir. 1987) (mere negligence not a basis for the scienter element under the FCA).

1994).⁵

See United States ex rel. Hagood v. Sonoma County Water Agency, 929 F. 2d 1416, 1421 (9th Cir. 1991) (“what constitutes the offense is not intent to deceive, but knowing presentation of a claim that is either ‘fraudulent’ or simply ‘false.’”). See also, United States v. Cabrera-Diaz, 106 F. Supp. 2d 234, 238 (D.P.R. 2000) (citing cases holding that no proof of specific intent to defraud is required). The elements of a civil FCA action are to be proven by a preponderance of the evidence. 31 U.S.C. § 3731 (c).

Any person making false claims is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person, except that if the court finds that

29 U.S.C. § 3729(a). See United States v. Bornstein, 423 U.S. 303, 316 n. 13 (1976) (United States entitled to three times an amount equal to the difference between the value paid and the value received). One way that damages may be measured is the amount the government would not have paid had it known the true facts. United States ex rel Marcus v. Hess, 42 F. Supp. 197 (W.D. Pa. 1941), aff’d 317 U.S. at 552. A civil penalty of \$5000 to \$10,000 is “automatic and mandatory” for each claim which is false.” S. Rep. No. 345, 99th Cong., 2d Sess. 8 (1986), reprinted in 1986 U.S.C.C.A.N. 5266, 5273.

⁵ This case is in contrast to United States v. Data Translation, Inc., 984 F. 2d 1256 (1st Cir. 1992), where the Court found that a particular GSA contracting form did not require disclosure of special pricing information and that the nondisclosure of that information was immaterial to the price negotiated. Id. At 1267. Here, defendant had an affirmative duty to disclose the information and her omissions were material, causing the government to pay benefits that it otherwise would not have paid.

United States v. Killough, 848 F. 2d 1523 (11th Cir. 1988); United States v. Advance Tool Co., 902 F. Supp. 1011, 1018 (W.D. Mo. 1995) (same).

B. Common Law Remedies Counts Four Through Six).

If the Court concludes that the defendants are not liable under the FCA, then, in the alternative, the United States is entitled to recover under the common law theories of fraud, payment by mistake and unjust enrichment. See United States v. Lahey Clinic Hospital, Inc., 399 F.3d 15, 18 (1st Cir. 2005) (action proper under FCA and under common law remedies of unjust enrichment and payment under mistake of fact to recover wrongfully paid Medicare claims); See also United States v. Silliman, 167 F.2d 607, 609 (3d Cir. 1948) (FCA does not deprive U.S. of common law remedies); United States ex rel. Aranda v. Community Psychiatric Centers of Okla., 945 F. Supp. 1485, 1489 (W.D. Okla. 1996) (United States properly pled alternative claims under the FCA and common law theories of unjust enrichment and payment by mistake). The common law counts are not surplusage, but alternative remedies if this Court finds that the FCA has not been violated.⁶

(i) Common law fraud. It is well-settled that the Government may bring an

⁶ Because the United States' claims in this action involve rights arising under nationwide federal programs, federal common law governs. United States v. Kimbell Foods, Inc., 440 U.S. 715, 726, 729 (1976); Lahey Clinic Hospital, Inc., 399 F.3d at 159 and in passim; United States v. Vernon Home Health, Inc., 21 F.3d 693, 695 (5th Cir. 1994) (federal common law applied to Medicare case); Stone v. United States, 286 F. 2d 56, 59 (8th Cir. 1961) (federal law controls recovery of wrongful payment due to mistake of fact).

action for fraud and deceit at common law. See, e.g., United States v. Borin, 209 F.2d 145, 148 (5th Cir. 1954); United States v. Silliman, 167 F.2d 607, 611 (3d Cir. 1948).

The elements of common law fraud are: the defendant has made (1) a false representation of material fact, (2) with the knowledge of its falsity or with reckless disregard for the truth, (3) for the purpose of inducing the Government to act thereon, (4) and which the Government relied upon, (5) a suffered injury as a result. Doyle v. Hasbro, Inc., 103 F.3d 186, 193 (1st Cir. 1996). Deceptive omissions are also actionable. A party who discloses partial information that may be misleading has a duty to reveal all the material facts he or she knows to avoid deceiving the other party. V.S.H. Realty, Inc. v. Texaco, Inc., 757 F.2d 411, 414 (1st Cir. 1985).

(ii) Liability for unjust enrichment. Similarly, the equitable theory of unjust enrichment allows restitution where "the person sought to be charged is in possession of money or property which in good conscience he should not retain, but should deliver to another" Matarese v. Moore-McCormack Lines, 158 F.2d 631, 634 (2d Cir. 1964); see United States v. Davis, 666 F. Supp. 644 (S.D.N.Y.1987) (to recover on a theory of unjust enrichment, plaintiff only has to show enrichment of the defendant, at its expense, where equity and good conscience dictate that defendant is liable, citing Dolmetta v. Uintah Nat'l Corp., 712 F. Ed 15, 20 (2d Cir. 1983).

(iii) Payment by mistake of fact. As an alternative, the United States also seeks to recover support payments made to Baez by virtue of mistake of fact. United States v. Wurts, 303 U.S. 414 (1938); United States v. Borin, 209 F.2d 145, 148 (5th Cir.). The

United States has a common law right to recover funds lost through the wrongful or erroneous acts of the defendant, in other words, a right to restitution. United States v. Wurts, 303 U.S. 414 (1938); United States v. Borin, 209 F.2d at 148) (United States clearly has a federal right to recover funds wrongfully or illegally paid). The United States is entitled to recover payments made "under an erroneous belief which was material to the decision to pay" United States v. Mead, 426 F.2d 118, 124 (9th Cir. 1970). See United States v. Davis, 666 F. Supp. 644 (no scienter required for recovery under mistake of fact).

IV. Argument

A. Baez' Claims to the Department of Transitional Assistance Were False

Baez filed an application with the Massachusetts Department of Transitional Assistance that consisted of three sworn statements, one on or about June 31, 2002, the second on or about September 12, 2002, and the third on or about October 7, 2002. Statement of Fact 1; see Robinson Decl. ¶ 5 and Attachment 1. In her first statement, Baez represented that no one in her household had any income. She disclosed no assets except for a 1993 automobile. Baez signed the statement under the following language:

I certify under penalty of perjury that I have read, or have had read to me, the information given/displayed in this document and that such information is true to the best of my knowledge. I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts, . . . to establish eligibility for Transitional Aid to Families with Dependent Children (TAFDC), Mass Health . . . Emergency Assistance (EA) and the Food Stamp Program is fraud, an Intentional Program Violation (IPV), and is punishable by civil and criminal penalties. . . .

and under the following language:

I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge . . .

Baez signed the third statement, on October 6, 2002, following the same language. In that statement, she represented that she was employed by Santo Domingo restaurant and she included a written statement from one Marino Zapata that she earned \$5 an hour. In addition, she signed a separate statement, October 7, 2002, that she had read and understood that “intentionally giving a false or misleading statement or misrepresenting, hiding, or withholding facts in order to establish or maintain eligibility for . . . welfare benefits, or to gain benefits to which you are not entitled,” will result in disqualification from welfare benefits.⁷

It is clear from the documents that Baez signed that the purpose was to apply for welfare benefits. The documents are called “applications” and refer to “establishing eligibility” for cash assistance and food stamps, and the signatures give permission to the welfare department to contact other government departments and institutions “concerning my eligibility for assistance and services.” The document that Baez signed on September 12, 2002, is captioned “Request for Assistance,” and says, “You have applied for the following assistance: TAFDC, Food Stamps.” Finally, it says, “Signing this form establishes your application date for Emergency Assistance, Cash Assistance, . . . and Food Stamps.” Under these circumstances, it is clear that Baez knew that she was

⁷ These documents are part of Attachment 1 to Robinson Decl.

applying for cash assistance and food stamps and that she was required to be honest and forthcoming regarding her income and assets.⁸

Once she had succeeded in enrolling for welfare benefits, Baez was required to submit monthly statements to the Department of Transitional Assistance regarding her current income and assets. The purpose of these statements was to establish that she was still eligible for welfare benefits. See Robinson Decl. ¶ 5. She submitted these statements on sixteen occasions, November 4, 2002 to March 2, 2004. She signed each of these statements following this language: “Your CASH and/or FOOD STAMP BENEFITS will be based on what you tell us.” And this language:

I understand that my Cash and/or Food Stamp benefits may change or stop because of the information given by me on this form. . . . any member of my TAFDC assistance unit who intentionally breaks any of the rules of the TAFDC program can be barred from the program . . . any member of my Food Stamp assistance unit who intentionally breaks any of the rules of the Food Stamp Program . . . can . . . be fined up to \$10,000, imprisoned up to five years, or both. . . . The individual may also be subject to further prosecution under applicable federal laws.

Finally, she signed her sixteen monthly certifications under this language: “By signing my name I am saying that I understand that federal and Massachusetts law provide for fines and/or imprisonment of anyone who fraudulently attempts to receive Benefits to which the person is not entitled.” It is clear from the face of the applications and the

⁸ The text of the forms, at 3, shows that applicants who are eligible for cash assistance and food stamps are automatically eligible for medical assistance.

monthly certifications that Baez' purpose in submitting them was to obtain welfare benefits from the Department.

A "claim" within the meaning of the False Claims Act is any action that has the "purpose and effect of inducing the government immediately to part with money." United States ex rel. Marcus v. Hess, 317 U.S. 537, 542-43 (1943). Baez' initial application for benefits is a "claim" within the meaning of the Act, and the sixteen monthly certifications that she submitted after she had been admitted to welfare were "claims" because they sought the continuation of her payments. See Robinson Decl. ¶ 5 and Attachment 1. The documents allow of no other purpose than attempting "to cause the government to pay out sums of money." United States v. Neifert-White, 390 U.S. 228, 230 (1968).

Baez' claims to the Department were false. They represented that her household had no income or that her household had only \$100 per week income.⁹ She checked "no" to the questions regarding other income. She disclosed no assets other than, on two occasions, an automobile. At the time of her claims, Baez was the owner of a valuable urban property, 3383 Washington Street, in Jamaica Plain, a property estimated to be worth approximately \$900,000.¹⁰ This property generated income from the lease of storage space and parking spaces, as well as income from Mi Tierra Restaurant on the

⁹ As noted, on a couple of occasions, Baez also represented that the household had income from SSI, a program for low-income, disabled individuals.

¹⁰ See Statement of Fact 24 of this memorandum.

premises. Statement of Fact 25-26. Baez also had a business of sending consumer goods to the Dominican Republic, which on the occasion of one container shipment generated income of \$19,825. Baez had a \$179,000 mortgage loan on the property, for which she made substantial monthly payments; Statement of Fact 24; and she had money to spend on repairing and remodeling the property. Statement of Fact 25.

Baez purchased another property on April 30, 2004, only a few weeks after she represented to the government that she had an income of only \$100 per week. She was qualified for and was granted a mortgage on that property of \$384,000, as well as a second mortgage of \$96,000. Statement of Fact 27.¹¹

Baez' ownership of substantial cash assets while she was on public assistance is also demonstrated by her Fleet Bank account and other records. She deposited large sums of money into her Fleet Bank account, such as \$16,059.51 into the account on May 5, 2002. Statement of Fact 21. She withdrew large sums of money from the account, via checks drawn to herself or to "cash," such as the \$25,000 that she withdrew on February 21, 2001, and the \$13,000 that she withdrew on October 17, 2002. Baez' July 15, 2002, agreement with one Eligia McKenna, reflects that Baez put \$65,000 in cash into start up of the operation of Mi Tierra Restaurant. Statement of Fact 26.

Finally, Baez had \$62,552 in cash on her person on August 13, 2002, when the

¹¹ Moreover, Baez testified that she was going to use \$10,000 of the cash seized at Logan Airport to purchase a third piece of property, a house in the Dominican Republic. Statement of Fact 28.

cash was seized from her at Logan Airport as she attempted to leave the country.¹²

Statement of Fact 17.

Accordingly, Baez' claims were "false" within the meaning of the False Claims Act because she had income substantially in excess of the \$100 per week that she claimed, as well as substantial, undisclosed assets. She applied for and received welfare payments and benefits for which she was ineligible. Statement of Fact 13. Her omissions on her claims were material, since the Department would have relied on the assets that she owned to determine whether she was eligible. Moreover, had the Department known of assets, it would have denied her applications. *Id.* Given the many times that she omitted her assets, given the clear warnings on the documents, and given the nature of the benefits that she received, her clear pattern could not have been inadvertent. Clearly, Baez was a wealthy individual who used false claims to exploit the good will of the public by obtaining funds that were intended for the sustenance and care of the poor.

B. Baez' Statements to the Boston Housing Authority Were False Claims

Baez filed four applications for public housing to the Boston Housing Authority, 1998-2000, representing that her income was either zero, \$118 per week, or \$180 per week, and that Geronimo's income was either zero, \$125 per week, or \$200 per week.

¹² Baez testified that she was going to use \$10,000 of the cash seized to purchase a third piece of property, a house in the Dominican Republic. Statement of Fact 28.

Her applications disclosed no assets. Statement of Fact 10. After she was admitted to public housing, she was required to, and did file certifications regarding her income and assets. The four certifications that she filed represented that she had minimal income and disclosed no assets. Statement of Fact 11.

The BHA documents that Baez signed indicated clearly that they were for the purpose of determining eligibility for public housing. See Shea Decl. and Attachment 1. The applications were entitled, "Application for Housing." Baez signed the documents under statements that said,

I declare that the above information is true to the best of my knowledge, and understand that any false statement which I have made knowingly and willfully will be sufficient cause for the rejection of my application for BHA housing.

I hereby authorize the Boston Housing Authority to question the agencies and individuals listed in this final application as well as other appropriate persons in order to obtain information relevant to my admission to BHA housing.

Baez signed a "Statement of No Income/No Additional Income," March 1, 2000, "Under the Pains and Penalties of Perjury." And she signed under the following statement,

I understand that it is a violation of Federal law to submit false information when applying for public housing. I also understand that it is my responsibility to report to BHA (or its agent) any change(s) in my household income status.

After moving into public housing, she was required to make periodic certifications regarding her income and assets, so that the BHA could determine whether she continued to be eligible to live in public housing and, if so, determine what part of the rent she was

able to pay. At the end of each periodic certification, Baez signed her name below this statement:

The above is true to the best of my knowledge. Warning:
Federal law provides criminal penalties for anyone who
knowingly falsifies a document within the jurisdiction of the
U.S. Department of Housing and Urban Development.

Accordingly, it was clear to Baez that she was applying for housing benefits and that she was required to be honest and forthcoming regarding her income and assets. Her statements were false because she had substantial real estate and cash assets that she failed to disclose. Her omissions were material because they would have been relied upon by the BHA to determine her eligibility and because, given her assets, she was ineligible. Statement of Fact 15.

C. Baez Obtained Federal Funds Through Her False Claims

Welfare assistance provided by the Massachusetts Department of Transitional Assistance is funded in whole or in part by the federal government. The food stamp program, whose purpose is to raise levels of nutrition in low-income households, 7 U.S.C. §2011, is funded by appropriations pursuant to 7 U.S.C. § 2027, and the funds are given by the U.S. Secretary of Agriculture to state agencies for local administration. Robinson Decl. ¶ 2. Income assistance to low-income households and food stamps are funded by the federal government, administered through the Transitional Aid to Families with Dependent Children program by grants to the states. 42 U.S.C. § 603. Robinson Decl. ¶ 3, Attachment 2 (Statement of Christine Devries). Medical assistance to low-income

households is provided by the federal government through Medicaid, pursuant to 42 U.S.C. § 1396(b). Robinson Decl. ¶ 4. Medical care assistance in Massachusetts is paid half by the United States and half by the Commonwealth of Massachusetts. Robinson Decl. ¶ 6, Attachment 3 (Statement of Patricia Purcell). Finally, Franklin Field housing development is financed by the United States pursuant to the National Housing Act, 42 U.S.C. § 1437(d).

D. This Court Should Assess Baez Treble Damages and Civil Penalties

As noted above, the False Claims Act, 29 U.S.C. § 3729(a), provides for mandatory assessment of treble damages against an individual who submits or causes the submission of false claims for government funds. Baez obtained \$12,282 in federal income assistance and food stamps as a result of her false claims to the Department of Transitional Assistance, as well as \$8,807 in medical assistance benefits (half of the total that she succeeded in obtaining). Baez succeeded in obtaining \$50,843.50 in federally-funded housing benefits as a result of her false claims to the Boston Housing Authority. Shea Decl. ¶ 12. Baez was required to pay some cash rent for her apartment, and the amount of the damages was determined by deducting the amount of rent that she paid from the fair market value of the apartment. Shea Decl. ¶¶ 9-12. The total damages suffered by the government as a result of Baez' false statements was \$71,932.50. Mandatory trebling of those damages results in a damages assessment against Baez of \$215,797.50.

In addition, Baez is liable for civil penalties of \$5,000 to \$10,000 for each false

claim that she made. 29 U.S.C. §3729(a). Baez submitted one application to the Department of Transitional Assistance (consisting of three separate false claims here considered one false claim), and sixteen certifications of current income and assets, each a false claim. Robinson Decl. ¶ 5, and Attachment 1 (Baez' filings with the Department.) The total of false claims for income assistance, food stamps and medical assistance is seventeen. With respect to Baez' claims for public housing, she submitted one application to the BHA (four separate applications containing false statements, considered here as one false claim) and four certifications of current income and assets, each a false claim, for a total of five false claims to the BHA. The total number of false statements that Baez submitted for government funds was 22, determined conservatively. Because of the brazen and exploitative nature of Baez' conduct, the government requests that the Court impose a civil penalty of \$10,000 for each of these 22 claims, for a total civil penalties assessment against Baez of \$220,000. Accordingly, the government seeks an order of \$435,797.50 against Baez for her false claims.

Should, for any reason, this Court find that the elements required by the False Claims Act are unproven, it should assess the amount of single damages of \$71,932.50 against Baez pursuant to the common law remedies of fraud, unjust enrichment, and mistake of fact.

V. Conclusion

The government requests that an Order of Summary Judgment be entered against Baez for liability because the undisputed material facts demonstrate that she submitted

false claims for government benefits and that an Order be entered of assessment of \$435,797.50 in damages and civil penalties.

Respectfully submitted,

MICHAEL J. SULLIVAN
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/s/ Anita Johnson
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Certificate of Service

I hereby certify that this document filed through the ECF system will be sent electronically and by first class mail to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non-registered participants on January 17, 2006.

/s/ Anita Johnson

EXHIBIT 1

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

UNITED STATES OF AMERICA,

Plaintiff

v.

DELIA J. BAEZ,

Defendant

Civil No. 05-10401-RCL

DECLARATION OF SPECIAL AGENT CHRIS ROBINSON

1. I am Chris Robinson a Special Agent of the Office of Inspector General (OIG), United States Department of Agriculture (USDA), in the New England Regional Office, Salem, New Hampshire, since October 2002. I have conducted and participated in investigations and searches relating to violations of USDA laws and regulations including violations of the food stamp program and other federal assistance programs for low-income households (United States Code, Title 7, Chapter 51).

2. The food stamp program is administered in order to "...promote the general welfare, to safeguard the health and well-being of the Nation's population by raising levels of nutrition among low-income households." 7 U.S.C. § 2011. It is administered by the Secretary of Agriculture based upon the appropriation of funds pursuant to 7 U.S.C. § 2027 (Appropriations and Allotments). The funds are distributed to participating agencies throughout the United States and distributed to eligible households in the form of coupons received by such households for purchasing food from retail food stores that have been approved for participation in the food stamp program (These coupons are obligations of the United States and redeemable at face value by the Secretary through the facilities of the Treasury of the United States). 7 U.S.C. § 2024(d)); 7 U.S.C. § 2013 (Establishment of Program).

3. Income assistance to low-income households is administered through the Transitional Aid to Families with Dependant Children (TAFDC) program, authorized by 42 U.S.C. Subchapter IV, Grants to States for Aid and Services to Needy Families with Children and Child-Welfare Services. 42 U.S.C. 601 (Purpose), 42 U.S.C. 603 (Grants to States), and 42 U.S.C. § 604 (Use of Grants).

4. Medical assistance to low-income households is provided through Medicaid, pursuant to 42 U.S.C. Subchapter XIX (Grants to States for Medical Assistance Programs); 42 U.S.C. § 1396 (Appropriations), 42 U.S.C. § 1396(a) (State Plans for

medical assistance), and 42 U.S.C. § 1396(b) (Payment to States for Medicaid Expenses).

5. Attachment 1 to this Declaration is a chart that I prepared summarizing the documents that Delia Baez filed with the Massachusetts Department of Transitional Assistance, June 31, 2002, to February 7, 2004. The documents include her initial applications for income assistance and food stamps benefits and her monthly certifications that she was required to file to show the Department that she continued to be entitled to benefits. Medical assistance is made available automatically to individuals who are eligible for income assistance and food stamps. Baez was required to disclose her income and assets on these filings. Baez reported on these documents that her household either had no income or had income of \$400 per month from the Santo Domingo Restaurant. On two occasions, she also reported that her household had income from SSI, which is an income supplement provided to low-income disabled individuals – in this case, her boyfriend, Jose Geronimo – by the U.S. Social Security Administration. Regarding assets, Baez disclosed only an automobile (“1993B”), in her initial application on or about June 31, 2002, and an automobile (“1992H”), which she disclosed on or about October 7, 2002. She did not disclose these particular assets at any other times. She disclosed no other assets.

6. On the basis of Baez’ representations regarding her income and assets, she was provided with \$12,282 in transitional income assistance and food stamps, all federal funds. See Sworn Statement of Christine DeVries, Attachment 2 to this Declaration. She was provided with \$8,807 in Medicaid assistance from federal funds (she received twice this amount in medical assistance; the other half was paid by the state). See Attachment 3 to this Declaration. Assistance to Baez was funded by the United States pursuant to the authorities set forth in paragraphs (2) – (4).

7. Baez did not disclose that she owned real estate and/or significant cash assets. If Baez owned real estate and/or cash assets during the period that she applied for and received federal assistance, these assets would have been material to whether she was eligible for such assistance, both initially and on a continuing basis.

8. I have read the Parties’ Submission of Disputed and Undisputed Facts, filed on October 5, 2004, in the case of United States v. \$62,552.00, Civil No. 03-10153. Based on the undisputed facts agreed upon by the United States and Delia Baez, I conclude that Baez had substantial income and owned real estate that made her ineligible for federal income and medical assistance and food stamps.

On pain and penalty of perjury, I swear that the foregoing is true and accurate to the best of my ability, on this 17th day of January 2006.

/s/ Chris Robinson

Chris Robinson
Special Agent

ATTACHMENT 1

Della Baez
 Massachusetts Department of Transitional Assistance
 Applications and Monthly Certifications
 June 2002 - March 2004

Application/Certification	Date Signed	Income	Other Income	Assets
Food Stamp Application	6/31/2002	No	No	Yes-1993 B
Request for Assistance Food Stamp & TAFDC	9/12/2002	N/A	N/A	N/A
1 Food Stamp & TAFDC Application	10/7/2002	Yes-Santo Domingo Restaurant	No	Yes-1992 H
Intentional Program Violations Certification	10/7/2002	N/A	N/A	N/A
Monthly Certification 10/8/02-11/7/02	N/A	Yes-Santo Domingo \$400/mo.	No	No
2 Monthly Certification 11/8/02-12/7/02	12/9/2002	Yes-Santo Domingo \$400/mo.	No	No
Monthly Certification 11/8/02-12/7/02	1/8/2003	Yes-Santo Domingo \$400/mo.	No	No
3 Monthly Certification 12/8/02-1/7/03	2/5/2003	Yes-Santo Domingo \$400/mo.	Yes-SSI	No
4 Monthly Certification 1/8/03-2/7/03	2/12/2003	Yes-Santo Domingo \$400/mo.	Yes-SSI	No
Monthly Certification 1/8/03-2/7/03	2/26/2003	Yes-Santo Domingo \$400/mo.	No	No

	Application/Certification	Date Signed	Income	Other Income	Assets
5	Monthly Certification 2/8/03-3/7/03	3/21/2003	Yes-Santo Domingo \$400/mo.	No	No
6	Monthly Certification 3/8/03-4/7/03	4/27/2003	Yes-Santo Domingo \$400/mo.	No	No
7	Monthly Certification 4/8/03-5/7/03	5/14/2003	Yes-Santo Domingo \$400/mo.	No	No
8	Monthly Certification 5/8/03-6/7/03	6/23/2003	Yes-Santo Domingo \$400/mo.	No	No
9	Monthly Certification 6/8/03-7/7/03	7/12/2003	Yes-Santo Domingo \$400/mo.	No	No
10	Monthly Certification 7/8/03-8/7/03	8/27/2003	Yes-Santo Domingo \$400/mo.	Yes-SSI	No
11	Monthly Certification 9/8/03-10/7/03	10/15/2003	Yes-Santo Domingo \$400/mo.	Yes-Rental Income	No
12	Monthly Certification 10/8/03-11/7/03	11/22/2003	Yes-Santo Domingo \$400/mo.	No	No
13	Monthly Certification 11/8/03-12/7/03	1/15/2004	Yes-Santo Domingo \$400/mo.	No	No
	Monthly Certification 11/8/03-12/7/03	2/1/2004	Yes-Santo Domingo \$400/mo.	No	No
14	Monthly Certification 12/8/03-1/7/04	2/2/2004	Yes-Santo Domingo \$400/mo.	No	No

No

No

Yes-Santo Domingo
\$400/mo.

N/A

Monthly Certification
1/8/04-2/7/04

**Commonwealth of Massachusetts
Dorchester TAO - DTA Transitional Assistance Office
90 Washington ST.
Dorchester, MA 02121**

Date Created: 06/13/2002

Grantee and Residential Information

Name: DELIA BAEZ

Address: [REDACTED] DORCHESTER, MA 02124

Address: Mailing: [REDACTED] DORCHESTER, MA 02124-3051

Address Type: Public Housing

Telephone: (617) 825-5074

Program	Document	Date	Reason	Person(s) Included
FS	Application	06/11/2002	Loss of Financial Support	DELIA BAEZ JOSE GERONIMO B [REDACTED] B [REDACTED] C [REDACTED] B [REDACTED]

Demographic Information for Household Members

Name	DOB	SSN/Apply Date	Gender	Relationship to Grantee	Marital Status
DELIA BAEZ	[REDACTED]/1952	[REDACTED]-3575	Female	Self	Married
JOSE GERONIMO	[REDACTED]/1953	[REDACTED]-9685	Male	Spouse	Never Married
B [REDACTED] B [REDACTED]	[REDACTED]/1997	[REDACTED]-4521	Female	Granddaughter	Never Married
C [REDACTED] B [REDACTED]	[REDACTED]/1995	[REDACTED]-4109	Female	Granddaughter	Never Married

Name	Language	Ethnic Origin	Household Status	Massachusetts Resident	Prior Assistance
DELIA BAEZ	English	Hispanic	Present	Yes	No
JOSE GERONIMO	Spanish	Hispanic	Present	Yes	No
B [REDACTED] B [REDACTED]	English	Hispanic	Present	Yes	No
C [REDACTED] B [REDACTED]	English	Hispanic	Present	Yes	No

Name	Citizen	Are you registered to vote?	I certify under penalty of perjury that I am a US citizen. (Grantee signs his/her name for any member under age 18.) Anyone 18 or older must sign their own name.
DELIA BAEZ	Yes	Yes	<i>Delia Baez</i>
JOSE GERONIMO	No	Yes	<i>Not a U.S. Citizen</i>
B [REDACTED] B [REDACTED]	Yes	N/A	<i>Delia Baez</i>
C [REDACTED] B [REDACTED]	Yes	N/A	<i>Delia Baez</i>

Name	INS Designation	Sponsored
JOSE GERONIMO	Legal Permanent Resident	No

Additional Information

**Baez Chart 6/02-3/04
CR0004**

Name of Person who exercises Care and Control of **BENITO B. BAEZ**, **CAROLINA B. BAEZ**
 DELIA BAEZ

Name of Person who exercises Parental Control for Food Stamps for **BENITO B. BAEZ**,
CAROLINA B. BAEZ: DELIA BAEZ

Name of Guardian of **BENITO B. BAEZ**, **CAROLINA B. BAEZ** DELIA BAEZ

Name of Disabled Person: JOSE GERONIMO Determination Source: Recipient Statement Disability
 Review Required: No

Education

Name	In School	Highest Level of Education
DELIA BAEZ	No	1-8 years
JOSE GERONIMO	No	1-8 years
BENITO B. BAEZ	No	No School at all
CAROLINA B. BAEZ	Yes	1-8 years

Immunization

Name	Immunized
BENITO B. BAEZ	Yes

Accidents/Incidents

Has anyone had an accident/incident? No

Was the accident/incident the reason for the application?

Income

Does anyone have Earned Income? No

Does anyone have Other Income? No

Has anyone received a Lump Sum? No

Does anyone have Garnishments? No

Expenses

Does anyone have Housing Expenses? Yes

Name	Type	Amount
DELIA BAEZ	Rent	\$0.00

Does anyone have Utility Expenses? Yes

Name	Type
DELIA BAEZ	SUA: Phone

Does anyone have Support Expenses? No

Does anyone have Dependent Care Expenses? No

Does anyone have Medical Expenses? No

Does anyone have Health Insurance? No

Assets

Baez Chart 6/02-3/04
 CR0005

Does anyone have Liquid Assets, Financial Holdings, Insurance, Vehicles (TAFDC and EAEDC only), Real Property, Pensions, Refunds, Transferred Assets, or any other assets? Yes

Vehicles

Name	Type	Make	Year
DELIA BAEZ	Automobile	bmw	1993

Please read this page carefully, then sign and date the bottom of the page.

I certify under penalty of perjury that I have read, or have had read to me, the information given/displayed in this document and that such information is true to the best of my knowledge. I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts, either orally or in writing, to establish eligibility for Transitional Aid to Families With Dependent Children (TAFDC), MassHealth and Children's Medical Security Plan Benefits (CMSP), Emergency Assistance (EA) and the Food Stamp Program is fraud, an Intentional Program Violation (IPV), and is punishable by civil and criminal penalties.

If I am eligible for TAFDC or EAEDC from the Department of Transitional Assistance, I will receive MassHealth automatically. If I am not eligible for TAFDC, both MassHealth, run by the Division of Medical Assistance and Children's Medical Security Plan Benefits (CMSP), run by the Department of Public Health (DPH), will use the information on my TAFDC application and on this form to determine if I am eligible for MassHealth or CMSP. I will receive a separate notice about my eligibility for these programs.

I am aware of my responsibility to report (within 10 days) in person, by phone or by mail to the worker representing the appropriate agency any changes in income, assets, address, living arrangement, family size, employment, health insurance coverage and health insurance premiums, or any other circumstance of all members of my TAFDC, MassHealth or CMSP, EAEDC, EA filing unit or food stamp assistance unit that may affect my eligibility for these programs.

I know that I must also report if I or any member of my TAFDC/EAEDC filing unit, food stamp assistance unit or MassHealth/CMSP household files a claim or sues someone for damages or settles a lawsuit or legal claim. I understand that a violation of the duty to report within 10 days may be found an indication of fraud for which I may be prosecuted. For TAFDC or EAEDC, I further consent to assign to the Department any benefits from insurance as required by state law if this application/receipt of assistance is the result of accident or illness. For MassHealth, I understand that if any eligible family members receive money from a third party because of an accident or injury, we will use that money to repay the Division of Medical Assistance for certain medical services provided as explained in the MassHealth booklet.

I authorize any and all health care providers to release to the Department of Transitional Assistance and the Division of Medical Assistance and their medical agents any medical records of mine or my dependents that may be pertinent to receiving benefits and services.

By signing this form, I give permission to the Department of Transitional Assistance and the Division of Medical Assistance to verify and investigate the information I have given that relates to the determination of my eligibility for assistance.

I have read "Your Right to Know," the appropriate program brochure(s) and the MassHealth booklet or have had them read to me, and understand their contents and my rights and responsibilities.

**Baez Chart 6/02-3/04
CR0006**

I authorize the Department of Transitional Assistance to contact federal and state agencies, providers under contract with the Department, schools/institutions regarding my children's attendance records, welfare departments of other states and financial institutions, concerning my eligibility for assistance and services.

I give permission for the above mentioned to release information to the Department to be used in the determination of my eligibility and the amount of benefits.

I understand that by signing below I authorize the Department of Transitional Assistance to share information about me and my dependents under age 19 with the Department of Education for the purpose of automatically certifying my dependents for school nutrition programs and information about me, my dependents under age 5 and any pregnant women in my assistance unit with the Department of Public Health for the purposes of providing referrals for Women, Infants and Children (WIC) Program nutrition services.

I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge and that all members of the food stamp household are either U.S. citizens or aliens in satisfactory immigration status.

I give permission for my current and former employers and health insurers to release to the Division of Medical Assistance and/or to the Department of Public Health any and all information they have about my or my family's health insurance coverage. This includes, but is not limited to, information about policies, premiums, coinsurance, deductibles, and covered benefits that are, may be, or should have been available to me or members of my family group.

I also understand that by signing below, I give permission to the Division of Medical Assistance to go after and collect third-party payments for medical support from the parent of any child under age 10 who is applying for benefits.

If I, or any member of my family, is eligible for MassHealth, CommonHealth, MassHealth Family Assistance or CMSP, I understand that I may have to pay a premium set by the Division of Medical Assistance or the Department of Public Health.

I have read and signed the FSP-1B in my primary language.

Debra Baez
Your Signature

[Signature]
Witness (when mark is used for signature)

[Signature]
Signature of Tin Trong Ngo

6/13/02
Date

6/13/02
Date

Baez Chart 6/02-3/04
CR0007

Dorchester TAO - DTA
90 Washington ST.
Dorchester, MA 02121
(617) 989-6000

Request for Assistance

Please be sure to read the pamphlet, Your Right to Know, and all other materials carefully. Apply for all assistance today and, if you are eligible, your benefits will date back to your application date. Tell your worker if you have questions or need more information.

You have applied for the following assistance:**Application Date**

TAFDC

09/12/2002

Food Stamps

09/12/2002

You have answered the following questions:

Does your household have combined gross monthly income and liquid assets that are less than your combined monthly rent (or mortgage) and utilities? No

Does your household have gross monthly income of less than \$150 and liquid assets of \$100 or less?

No

Is it a migrant or seasonal farmworker household and has assets of \$100 or less? No

If you do not understand the questions that you were asked, ask the worker to explain them. You have a right to a conference with a supervisor, if you are determined ineligible for expedited food stamp benefits and you disagree, or if you are determined eligible for expedited service but you do not receive your food stamp benefits by the seventh calendar day after the date you applied.

Signing this form establishes your application date for Emergency Assistance, Cash Assistance, Food Stamps, or Cash Assistance and Food Stamps. If your application for cash assistance is denied, you may file a separate application for other cash programs. If you apply for both cash assistance and food stamps but are determined to be ineligible for cash assistance, a food stamp determination will be made based on available information.

Name:

DELIA BAEZ

Address:

[REDACTED]
DORCHESTER, MA 02124

Telephone:

(617) 825-5074

SSN:

[REDACTED] 3575

Date of Birth:

[REDACTED] 1952

I attest to the fact that on 09/12/2002, I requested assistance.

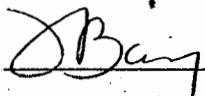
Applicant Signature: Delia BaezDate: 9/12/02

Witness Signature (when mark is used instead of signature): _____

I have discussed immediate needs and reviewed the food stamp expedited service criteria with the applicant.

Baez Chart 6/02-3/04
CR0008

Department Representative Signature:



Date:

9.12.02

Date of Receipt: 09/12/2002 Date Printed: 09/12/2002

**Baez Chart 6/02-3/04
CR0009**

Commonwealth of Massachusetts
Dorchester TAO - DTA Transitional Assistance Office
90 Washington ST.
Dorchester, MA 02121

Date Created: 10/07/2002

Grantee and Residential Information

Name: DELIA BAEZ

Address: [REDACTED] DORCHESTER, MA 02124

Address: Mailing: [REDACTED], DORCHESTER, MA 02124-3051

Address Type: Public Housing

Telephone: (617) 825-5074

Program	Document	Date	Reason	Person(s) Included
TAFDC	Application	09/12/2002	Gaining Custody of Child(ren)	DELIA BAEZ JOSE GERONIMO CASSANDRA BERGERON BRIANA BERGERON
FS	Application	09/12/2002	Wages too low	DELIA BAEZ JOSE GERONIMO BRIANA BERGERON CASSANDRA BERGERON

Demographic Information for Household Members

Name	DOB	SSN/Apply Date	Gender	Relationship to Grantee	Marital Status
DELIA BAEZ	[REDACTED] 1952		Female	Self	Married
JOSE GERONIMO	[REDACTED] 1953		Male	Spouse	Never Married
CASSANDRA BERGERON	[REDACTED] 1995		Female	Granddaughter	Never Married
BRIANA BERGERON	[REDACTED] 1997		Female	Granddaughter	Never Married

Name	Language	Ethnic Origin	Household Status	Massachusetts Resident	Prior Assistance
DELIA BAEZ	English	Hispanic	Present	Yes	No
JOSE GERONIMO	Spanish	Hispanic	Present	Yes	No
CASSANDRA BERGERON	English	Hispanic	Present	Yes	No
BRIANA BERGERON	English	Hispanic	Present	Yes	No

Name	Citizen	Are you registered to vote?	I certify under penalty of perjury that I am a US citizen. (Grantee signs his/her name for any member under age 18.) Anyone 18 or older must sign their own name.
DELIA BAEZ	Yes	Yes	X <i>Delia Baez</i>
JOSE GERONIMO	No	Yes	X <i>WWS citizen</i>
CASSANDRA BERGERON	Yes	N/A	X <i>D-B</i>
BRIANA BERGERON	Yes	N/A	X <i>D-B</i>

Baez Chart 6/02-3/04

CR0010

10/7/02

B [REDACTED]			
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Name	INS Designation	Sponsored
JOSE GERONIMO	Legal Permanent Resident	No

Additional Information

Name of Person who exercises Care and Control of C [REDACTED] B [REDACTED], B [REDACTED] B [REDACTED]:
DELIA BAEZ

Name of Person who exercises Parental Control for Food Stamps for C [REDACTED] B [REDACTED], B [REDACTED]
B [REDACTED]: DELIA BAEZ

Name of Guardian of C [REDACTED] B [REDACTED], B [REDACTED] B [REDACTED]: DELIA BAEZ

Name of Disabled Person: JOSE GERONIMO Determination Source: Pending PRO Review
TAFDC Disability Review Required: Yes

Absence

Absent Parent Name:	Parent Of:	Absent Parent Address:	Absent Parent SSN:
KIM BERGERON	C [REDACTED], B [REDACTED]	Unknown	Unknown
ELIGEO BAEZ	C [REDACTED], B [REDACTED]	SANTO DOMINGO	Unknown

Employer Name and Address:	Date of Death:	Support Agreement:	Child Support Cooperation:	Good Cause Claimed:
Unknown	N/A	No	Yes	N/A
Unknown	N/A	No	Yes	N/A

Education

Name	In School	Highest Level of Education
DELIA BAEZ	No	1-8 years
JOSE GERONIMO	No	1-8 years
C [REDACTED] B [REDACTED]	Yes	1-8 years
B [REDACTED] B [REDACTED]	Yes	No School at all

Immunization

Name	Immunized
B [REDACTED] B [REDACTED]	Yes

Accidents/Incidents

Has anyone had an accident/incident? No

Was the accident/incident the reason for the application?

Income

Does anyone have Earned Income? Yes

Name	Earned Income	Employer	Business Expenses	Reason Not Employed
DELIA BAEZ	Yes	SANTA DOMINGO RESTAURANT	No	
JOSE GERONIMO	No	N/A	N/A	Unknown
C [REDACTED] B [REDACTED]	No	N/A	N/A	Unknown
B [REDACTED] B [REDACTED]	No	N/A	N/A	Unknown

Baez Chart 6/02-3/04

CR0011

Does anyone have Other Income? No

Has anyone received a Lump Sum? No

Does anyone have Garnishments? No

Expenses

Does anyone have Housing Expenses? Yes

Name	Type	Amount
DELIA BAEZ	Rent	\$123.00

Does anyone have Utility Expenses? Yes

Name	Type
DELIA BAEZ	SUA: Phone

Does anyone have Support Expenses? No

Does anyone have Dependent Care Expenses? No

Does anyone have Medical Expenses? No

Does anyone have Health Insurance? No

Assets

Does anyone have Liquid Assets, Financial Holdings, Insurance, Vehicles (TAFDC and EAEDC only), Real Property, Pensions, Refunds, Transferred Assets, or any other assets? Yes

Vehicles

Name	Type	Make	Year
JOSE GERONIMO	Automobile	HONDA	1992

Absent Parent Affidavit

I, the custodial parent, certify under penalty of perjury that KIM BERGERON has been continuously absent since 01/20/1997 and that all other information provided by me is true to the best of my knowledge.

Signature *Delia Baez* Date 10/7/02

Witness Signature *JB* Date 10-7-02

I, the custodial parent, certify under penalty of perjury that ELIGEO BAEZ has been continuously absent since 01/20/1997 and that all other information provided by me is true to the best of my knowledge.

Signature *Delia Baez* Date 10/7/02

Witness Signature *JB* Date 10-7-02

Please read this page carefully, then sign and date the bottom of the page.

Baez Chart 6/02-3/04

CR0012

I certify under penalty of perjury that I have read, or have had read to me, the information given/displayed in this document and that such information is true to the best of my knowledge. I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts, either orally or in writing, to establish eligibility for Transitional Aid to Families With Dependent Children (TAFDC), MassHealth and Children's Medical Security Plan Benefits (CMSP), Emergency Assistance (EA) and the Food Stamp Program is fraud, an Intentional Program Violation (IPV), and is punishable by civil and criminal penalties.

If I am eligible for TAFDC or EAEDC from the Department of Transitional Assistance, I will receive MassHealth automatically. If I am not eligible for TAFDC, both MassHealth, run by the Division of Medical Assistance and Children's Medical Security Plan Benefits (CMSP), run by the Department of Public Health (DPH), will use the information on my TAFDC application and on this form to determine if I am eligible for MassHealth or CMSP. I will receive a separate notice about my eligibility for these programs.

I am aware of my responsibility to report (within 10 days) in person, by phone or by mail to the worker representing the appropriate agency any changes in income, assets, address, living arrangement, family size, employment, health insurance coverage and health insurance premiums, or any other circumstance of all members of my TAFDC, MassHealth or CMSP, EAEDC, EA filing unit or food stamp assistance unit that may affect my eligibility for these programs.

I know that I must also report if I or any member of my TAFDC/EAEDC filing unit, food stamp assistance unit or MassHealth/CMSP household files a claim or sues someone for damages or settles a lawsuit or legal claim. I understand that a violation of the duty to report within 10 days may be found an indication of fraud for which I may be prosecuted. For TAFDC or EAEDC, I further consent to assign to the Department any benefits from insurance as required by state law if this application/receipt of assistance is the result of accident or illness. For MassHealth, I understand that if any eligible family members receive money from a third party because of an accident or injury, we will use that money to repay the Division of Medical Assistance for certain medical services provided as explained in the MassHealth booklet.

I authorize any and all health care providers to release to the Department of Transitional Assistance and the Division of Medical Assistance and their medical agents any medical records of mine or my dependents that may be pertinent to receiving benefits and services.

By signing this form, I give permission to the Department of Transitional Assistance and the Division of Medical Assistance to verify and investigate the information I have given that relates to the determination of my eligibility for assistance.

I have read "Your Right to Know," the appropriate program brochure(s) and the MassHealth booklet or have had them read to me, and understand their contents and my rights and responsibilities.

I authorize the Department of Transitional Assistance to contact federal and state agencies, providers under contract with the Department, schools/institutions regarding my children's attendance records, welfare departments of other states and financial institutions, concerning my eligibility for assistance and services.

I give permission for the above mentioned to release information to the Department to be used in the determination of my eligibility and the amount of benefits.

Baez Chart 6/02-3/04

CR0013

I understand that by signing below I authorize the Department of Transitional Assistance to share information about me and my dependents under age 19 with the Department of Education for the purpose of automatically certifying my dependents for school nutrition programs and information about me, my dependents under age 5 and any pregnant women in my assistance unit with the Department of Public Health for the purposes of providing referrals for Women, Infants and Children (WIC) Program nutrition services.

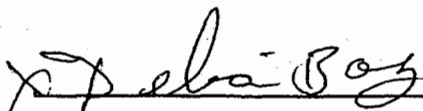
I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge and that all members of the food stamp household are either U.S. citizens or aliens in satisfactory immigration status.

I give permission for my current and former employers and health insurers to release to the Division of Medical Assistance and/or to the Department of Public Health any and all information they have about my or my family's health insurance coverage. This includes, but is not limited to, information about policies, premiums, coinsurance, deductibles, and covered benefits that are, may be, or should have been available to me or members of my family group.

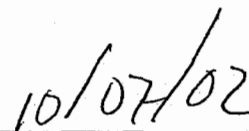
I also understand that by signing below, I give permission to the Division of Medical Assistance to go after and collect third-party payments for medical support from the parent of any child under age 10 who is applying for benefits.

If I, or any member of my family, is eligible for MassHealth, CommonHealth, MassHealth Family Assistance or CMSP, I understand that I may have to pay a premium set by the Division of Medical Assistance or the Department of Public Health.

I have read and signed the FSP-1B in my primary language.



Your Signature



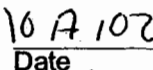
Date

Witness (when mark is used for signature)

Date



Signature of Judith Barry



Date

Mr. Martin Baez, Certificado RUC.
La Señora Delia Baez, Registro
20 horas remuneradas en el Restaurante
diversidad en el Hancock St. Barrio
tel. 512 432 3178. ha un contrato de
diez horas semanales.

at
Mr. Martin Baez
tel. 512 432 3178

Santa Domingo (restaurant)
Restaurant cleaner —
20 hrs/wk.

+408 Hancock St

\$100/wk.

14th Hancock St
Dorches Ute
02125



Estado de Massachusetts
Departamento de Asistencia Transicional

¡Advertencia de Sanción de Programa de Cupones de Alimentos!

Si usted o cualquier miembro de su unidad familiar viola cualquiera de las normas indicadas abajo, dicha persona no tendrá derecho a participar en el Programa de Cupones de Alimentos durante **un año** después de la primera infracción, **dos años** después de la segunda y de manera **permanente** después de la tercera violación. Asimismo, quizás dicha persona tendrá que someterse a acción penal de acuerdo a las leyes estatales y federales aplicables.

- No suministre información falsa ni oculte información con el objeto de seguir recibiendo los beneficios de los cupones de alimentos.
- No cambie o venda los beneficios de los cupones de alimentos.
- No altere las tarjetas de autorización a fin de obtener los beneficios de los cupones de alimentos que no tiene derecho a recibir.
- No utilice los beneficios de los cupones de alimentos para comprar artículos no autorizados, como bebidas alcohólicas o cigarrillos.
- No utilice los beneficios de los cupones de alimentos o las tarjetas de autorización de otra persona para uso de su unidad familiar.

Aquellos individuos a quienes se les descubre haber cometido un IPV del programa de dinero en efectivo en un ADH, debido a la falta de un Programa IPV de Cupones de Alimentos, no serán elegibles para participar en el Programa de Cupones de Alimentos durante el período establecido en las reglas del programa de dinero en efectivo.

Si usted o cualquier miembro de su unidad familiar presenta una afirmación o declaración fraudulenta sobre su identidad o lugar de domicilio a fin de recibir beneficios múltiples de manera **simultánea** bajo el Programa de Cupones de Alimentos, dicha persona no tendrá derecho a participar en el Programa de Cupones de Alimentos durante **diez años**.

Si usted o cualquier miembro de su unidad familiar intercambia (compra o vende) los beneficios de los cupones de alimentos por sustancias controladas o drogas ilegales, dicha persona no tendrá derecho a participar en el Programa de Cupones de Alimentos durante un período de **dos años** por la primera sanción, y de manera **permanente** por la segunda.

Si usted o cualquier miembro de su unidad familiar intercambia (compra o vende) los beneficios de los cupones de alimentos por armas, municiones o explosivos, dicha persona no tendrá derecho a participar en el Programa de Cupones de Alimentos de manera **permanente**.

Si usted o cualquier miembro de su unidad familiar intercambia (compra o vende) los beneficios de los cupones de alimentos que tengan un valor de \$500 o más, dicha persona no tendrá derecho a participar en el Programa de Cupones de Alimentos de manera **permanente**.

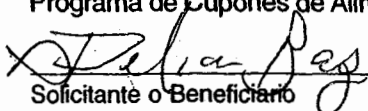
Si usted o cualquier miembro de su unidad familiar se encuentra huyendo de la justicia para evitar una acción judicial, detención, o encarcelamiento después de haber sido declarado culpable por delito grave, está violando un estado de libertad probatoria o condicional, dicha persona **no tendrá derecho** a participar en el Programa de Cupones de Alimentos de manera **permanente**.

Si usted o cualquier miembro de su unidad familiar deja de cumplir con los requisitos del Programa de Empleo para Cupones de Alimentos, sin tener una causa justificada para ello, dicha persona no tendrá derecho a participar en el Programa de Cupones de Alimentos durante un período de **tres meses**, por la primera sanción, **seis meses** por la segunda y **doce meses** por la tercera. Si la persona que dejó de cumplir sin causa justificada con los requisitos del Programa de Empleo para Cupones de Alimentos por la tercera vez, es el jefe de la unidad familiar, ningún miembro de la unidad familiar tendrá derecho a participar en el Programa de Cupones de Alimentos por un período de **seis meses**.

Derecho a Intérprete

Si ni usted ni ningún miembro de su unidad familiar habla o comprende el inglés, usted tiene derecho a una audiencia imparcial con la ayuda de un intérprete en el Departamento. Usted puede traer a un intérprete a la audiencia o solicitar al Departamento que le proporcione uno. Para solicitar un intérprete, debe llamar a la División de Audiencias por lo menos una semana antes de la fecha de su audiencia.

He leído y entendido las advertencias anteriores. He leído o me han leído y entiendo el folleto de El Derecho a Saber y del Programa de Cupones de Alimentos.


Solicitante o Beneficiario

10-7-02
Fecha


Testigo

Baez Chart 6/02-3/04
CR0016



Food Stamp Penalty Warning!

If you or any member of your food stamp assistance unit intentionally breaks any of the rules listed below, that person will be disqualified from the Food Stamp Program for **one year** after the first violation, **two years** after the second violation and **permanently** after the third violation. The person may also face criminal prosecution under applicable state and federal laws.

- Do not give false information or hide information to continue to get food stamp benefits.
- Do not trade or sell food stamp benefits.
- Do not alter authorization cards to get food stamp benefits you are not entitled to receive.
- Do not use food stamp benefits to buy ineligible items, such as alcoholic drinks and tobacco.
- Do not use someone else's food stamp benefits or authorization cards for your household.

Individuals found to have committed a cash program IPV at an ADH, in the absence of a Food Stamp Program IPV, shall be ineligible to participate in the Food Stamp Program for the period required under the cash program rules.

If you or any member of your food stamp assistance unit makes a fraudulent statement or representation with respect to identity or place of residence to receive multiple benefits *simultaneously* under the Food Stamp Program, the person will be ineligible to participate in the Food Stamp Program for **ten years**.

If you or any member of your food stamp assistance unit trades (buys or sells) food stamp benefits for a controlled substance/illegal drug(s), the person will be ineligible to participate in the Food Stamp Program for a period of **two years** for the first finding, and **permanently** for the second finding.

If you or any member of your food stamp assistance unit trades (buys or sells) food stamp benefits for firearms, ammunition or explosives, the person will be ineligible to participate in the Food Stamp Program **permanently**.

If you or any member of your food stamp assistance unit trades (buys or sells) food stamp benefits having a value of \$500 or more, the person will be ineligible to participate in the Food Stamp Program **permanently**.

If you or any member of your food stamp assistance unit is fleeing to avoid prosecution, custody or confinement after conviction of a felony or is violating a condition of probation or parole, the person will be *ineligible* to participate in the Food Stamp Program while fleeing to avoid prosecution, custody or confinement or violating probation or parole.

If you or any member of your food stamp assistance unit fails to comply without good cause with Food Stamp Work Requirements, the person will be disqualified from the Food Stamp Program for a period of **three months** for the first finding, **six months** for the second finding and **twelve months** for the third finding. If the individual found to have failed to comply without good cause with Food Stamp Work Requirements for a third time is the head of the food stamp assistance unit, the *entire* assistance unit shall be ineligible to participate in the Food Stamp Program for a period of **six months**.

Right to Interpreter

If neither you nor any adult member of your food stamp assistance unit is able to speak or understand English, you are entitled to have your fair hearing within the Department interpreted. You may bring an interpreter to the hearing or request the Department to provide an interpreter. To request an interpreter you must call the Division of Hearings at least one week before the date of your hearing.

I have read and I understand the above notices. I have read or had read to me and I understand the Right to Know booklet and the Food Stamp Program brochure.

Applicant or Recipient

Date

Witness



**Massachusetts Department of Transitional Assistance
Intentional Program Violations and Disqualification Penalties**

Important Notice About The Law and Your Welfare Benefits

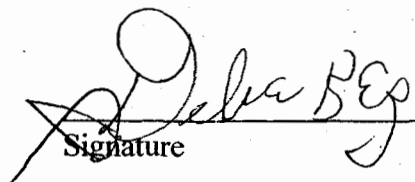
An Intentional Program Violation (IPV) is intentionally giving a false or misleading statement or misrepresenting, hiding, or withholding facts, either orally or in writing, in order to establish or maintain eligibility for TAFDC or EAEDC welfare benefits, or to gain benefits to which you are not entitled.

If you are found guilty of an IPV by a court of law, an administrative disqualification hearing, or by signing a waiver, you will be disqualified from receiving TAFDC or EAEDC welfare benefits for a period of:

- 6 months for the first violation,
- 12 months for the second violation, and
- forever for the third violation.

In addition, other laws may apply.

I have read and understood the above.


Signature

 3575
SSN

10-7-02
Date


Worker's Signature

90 Washington ST.
Dorchester, MA 02121

YOUR MONTHLY REPORT
From 10/08/2002 To 11/07/2002

Entered
12-17-02

Massachusetts Department of Transitional Assistance

DELIA BAEZ

DORCHESTER, MA 02124-3051

SSN: [REDACTED]-3575
Dorchester TAO - DTA

11/04/2002

If your name, address, or telephone is
DIFFERENT please FILL OUT

Name	Delia Baez		
Address	[REDACTED]		
City	Dorchester	State	Ma Zip 02124
Telephone	(617) 825 5074		

IF YOU MOVE, SEND YOUR NEW RENT
RECEIPT.

YOUR AU Manager Judith Barry

AU Manager Telephone Number (617) 989-6012

COMPLETE, SIGN AND RETURN (FOR FURTHER ASSISTANCE CONTACT 1-800-445-6604)

This form must be **RECEIVED BY** your local Transitional Assistance Office by 11/18/2002.

FAILURE TO COMPLETE AND RETURN THIS FORM ON TIME MAY CAUSE YOU TO LOSE YOUR CASH OR FOOD STAMP BENEFITS, OR THEY MAY BE DELAYED. Your CASH and/or FOOD STAMP BENEFITS amount will be based on what you tell us.

Be sure to **ANSWER ALL QUESTIONS.**

SECTION 1 - PEOPLE COVERED BY YOUR CASH BENEFITS AND/OR FOOD STAMP BENEFITS

NAME

JOSE GERONIMO, [REDACTED] 1953 Living in Home?

C [REDACTED] B [REDACTED], [REDACTED] 1995 Living in Home?

B [REDACTED] B [REDACTED], [REDACTED] 1997 Living in Home?

CIRCLE ANSWER

YES NO
YES NO
YES NO

GO TO PAGE 2

Baez Chart 6/02-3/04
CR0019

USE SECTION 9 IF YOU NEED MORE SPACE FOR YOUR ANSWERS

SECTION 2 - PEOPLE WHO MOVED IN OR OUT

CIRCLE ANSWER

YES NO

Did anyone move into (including new births) or out of your home in the last month?

If YES, fill in the boxes.

Name	Date In	Date Out	Date of Birth	Relationship to You

Does your Food Stamp assistance unit purchase food and/or prepare meals separately from this person?

YES NO

SECTION 3 - INCOME FROM A JOB

CIRCLE ANSWER

Did you or anyone listed in Section 1 or Section 4 work in the last month?

YES NO

If yes, how often is pay received

(weekly, monthly, etc.)?

If yes, how often is child care paid

(weekly, monthly, etc.)?

If YES, please send pay stubs RECEIVED during the following weeks:

Date From To	Gross Pay Before Deductions	Date Received	Tips Not Included in Gross Pay	#of Hours Worked	Child Care Expenses
10/06/2002 - 10/12/2002	\$100.00		\$		\$
10/13/2002 - 10/19/2002	\$100.00		\$		\$
10/20/2002 - 10/26/2002	\$100.00		\$		\$
10/27/2002 - 11/02/2002	\$100.00		\$		\$

Name of Person Working

Mariano Zapata

If there is more than one person working, give the same information for the same dates in Section 9.

Did this person stop work in this month?

CIRCLE ANSWER

YES NO

For each person working, mail ALL PAY STUBS with this form. If you cannot get the pay stubs, have the employer write a letter saying how much was earned and how many hours were worked.

If the person(s) who worked did not receive any income during any of the weeks within the dates above, write "NONE" under "Gross Pay Before Deductions" and explain in Section 9. SEND PROOF OF CHILD CARE EXPENSES.

BE SURE TO SIGN AND RETURN THE COMPLETE MONTHLY REPORT TO YOUR LOCAL TRANSITIONAL ASSISTANCE OFFICE.

GO TO PAGE 3

Baez Chart 6/02-3/04

CR0020

SECTION 4 - OTHER INCOME

Did you, or anyone listed in Section 1, or anyone of the following who is living in your home:

- ☐ your spouse;
- ☐ your children's stepparent;
- ☐ if you are a minor parent, your parent(s);
- ☐ if you are a pregnant woman, did any of your children who are under 18 and/or brothers and sisters of the child you are expecting:

receive any of the following kinds of income in the last month?

- Social Security
 - SSI
 - Unemployment Compensation
 - Veterans' Benefits
 - Insurance Payments
 - Income from Former Spouse, Relatives, or Friends
 - Child Support
- For Whom? _____
- Workers' Compensation
 - Educational Scholarship and Loans
 - Any Other Pensions or Benefits
 - Income From Your Own Business
 - Rental Income
 - Income From Other Self-Employment
 - Any Other Income:

Type? _____

(Do not report support paid directly to the Commonwealth.)

CIRCLE ANSWER

YES | NO

YES ; NO

YES NO

YES: NO

YES NO

YES NO

YES NO

YES | NO

YES | NO

YES / NO

YES | NO

YES | NO

YES | NO

YES | NO

If YES, fill in the boxes below

Name of Person	Relationship	Kind of Income How Often Received	Amount

PLEASE SEND PROOF, if this is new income or if it changed in the last month.

**BE SURE TO SIGN AND RETURN THE COMPLETE MONTHLY REPORT TO YOUR LOCAL TRANSITIONAL ASSISTANCE OFFICE.
GO TO PAGE 4**

Baez Chart 6/02-3/04
CR0021

SECTION 5 - ASSETS

Do you and/or does anyone on your Cash and/or Food Stamp benefits combined have bank accounts, cash on hand, stocks or bonds, automobiles, or other assets totaling more than \$2,500?

If you are a pregnant woman, please include your spouse and any of your children under 18 if they are living with you.

CIRCLE ANSWER
YES ☐ NO ☒

If YES, what are the total assets for each household member?

Name	Relationship	Total Assets
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

IF YOU OR ANYONE INCLUDED IN YOUR CASH OR FOOD STAMP BENEFITS EXPECT CHANGES WITHIN THE NEXT 30 DAYS TO ANY OF THE INFORMATION YOU PROVIDED, THEN TELL US WHAT WILL CHANGE AND WHEN IN SECTION 9.

SECTION 6 - SHELTER AND UTILITIES

COMPLETE IF YOU RECEIVE FOOD STAMP BENEFITS.

If you have MOVED in the last month you MUST answer the following questions. If not, you may use this section to report changes in your rent, mortgage, or in your utility costs. If these costs go up, you may be able to get more Food Stamp benefits.

- How much is your rent or mortgage? \$ 123
- How much of the rent or mortgage are you responsible to pay? \$ 123
- Are you responsible for paying heat separate from your rent?
- Are you responsible for paying any other utilities separate from your rent?
- Is your telephone your only utility?
- Do you share the heat or utility expense with another Food Stamp assistance unit?
- How much do you pay for heat and utility expenses? \$ phen

CIRCLE ANSWER

YES ☐ NO ☒
YES ☐ NO ☒
YES ☐ NO ☒
YES ☐ NO ☒

YOU WILL BE NOTIFIED IF YOU NEED TO SEND PROOF

SECTION 7 - MEDICAL EXPENSES

COMPLETE IF YOU RECEIVE FOOD STAMP BENEFITS.

Has anyone 60 years of age or older, or disabled, had increased medical expenses since last month?

CIRCLE ANSWER
YES ☐ NO ☒

IF YES, SEND PROOF OF ALL MEDICAL EXPENSES, INCLUDING HEALTH INSURANCE.

SECTION 8 - HEALTH INSURANCE

COMPLETE IF YOU RECEIVE CASH BENEFITS.

Do you or does anyone covered by your cash benefits have health insurance?

Are you eligible for, but not using, a group health insurance plan?

CIRCLE ANSWER

YES ☐ NO ☒
YES ☐ NO ☒

Complete the boxes below only if you have a new policy, or the policy has changed in the last month.

Name of Policy Owner Name(s) of Person(s) Covered	Name of Insurance Company	Policy or Certificate Number Effective Date of Policy

BE SURE TO SIGN AND RETURN THE COMPLETE MONTHLY REPORT TO YOUR LOCAL TRANSITIONAL ASSISTANCE OFFICE.
GO TO PAGE 5

SECTION 9 - COMMENTS

Use this space if you need to explain any of your answers.

READ AND SIGN

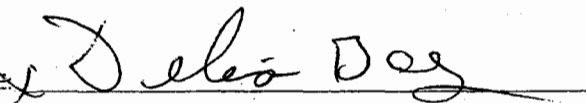
I understand that:

- my Cash and/or Food Stamp benefits may change or stop because of the information given by me on this form.
- any member of my TAFDC assistance unit who intentionally breaks any of the rules of the TAFDC program can be barred from the program for six months after the first violation, 12 months after the second violation and permanently for the third violation.
- any member of my Food Stamp assistance unit who intentionally breaks any of the rules of the Food Stamp Program can be barred from the program for one year after the first violation, two years after the second violation and permanently after the third violation. The individual can also be fined up to \$10,000, imprisoned up to five years, or both. A court can also bar an individual for an additional 18 months from the Food Stamp Program. The individual may also be subject to further prosecution under applicable federal laws.

If I disagree with any actions taken as a result of information provided by me on this form I have a right to a fair hearing.

By signing my name I am saying that I understand that federal and Massachusetts laws provide for fines and/or imprisonment of anyone who fraudulently attempts to receive Benefits to which the person is not entitled.

SIGN HERE



DATE: / /

DELIA BAEZ


DORCHESTER, MA 02124-3051

TO: Dorchester TAO - DTA
90 Washington ST.
Dorchester, MA 02121

BE SURE TO SIGN AND RETURN THE COMPLETE MONTHLY REPORT TO YOUR LOCAL TRANSITIONAL ASSISTANCE OFFICE.

**Baez Chart 6/02-3/04
CR0023**

10/8/117

~~10-10-02~~

yo Marino Zapata
certifico que la Señora
Delia Baez trabaja con
Migo en mi Restaurante
Santo Domingo 14 HONKO ST.
cobrando \$100.00 semanal
en el m-r de octubre cobro
~~\$400.00~~

att

Marino Zapata
tel 617, 793 8900

90 Washington ST.
Dorchester, MA 02121

YOUR MONTHLY REPORT
From ~~10/08/2002~~ To ~~11/07/2002~~

11/8 to 12/7

Massachusetts Department of Transitional Assistance

DELIA BAEZ

SSN: [REDACTED] 3575
Dorchester TAO - DTA

DORCHESTER CENTER MA 02124-3051



11/04/2002

If your name, address, or telephone is
DIFFERENT please FILL OUT

Name	Delia Baez		
Address	[REDACTED]		
City	Dorchester	State	Ma Zip 02124
Telephone	(617) 8255074		

IF YOU MOVE, SEND YOUR NEW RENT
RECEIPT.

YOUR AU Manager Judith Barry

AU Manager Telephone Number (617) 989-6012

COMPLETE, SIGN AND RETURN (FOR FURTHER ASSISTANCE CONTACT 1-800-445-6604)

This form must be **RECEIVED BY** your local Transitional Assistance Office by **11/18/2002**.

FAILURE TO COMPLETE AND RETURN THIS FORM ON TIME MAY CAUSE YOU TO LOSE YOUR CASH OR FOOD STAMP BENEFITS, OR THEY MAY BE DELAYED. Your CASH and/or FOOD STAMP BENEFITS amount will be based on what you tell us.

Be sure to **ANSWER ALL QUESTIONS**.

SECTION 1 - PEOPLE COVERED BY YOUR CASH BENEFITS AND/OR FOOD STAMP BENEFITS

NAME

JOSE GERONIMO, [REDACTED] 1953 Living in Home?

C [REDACTED] A B [REDACTED], [REDACTED] 1995 Living in Home?

B [REDACTED] B [REDACTED], [REDACTED] 1997 Living in Home?

CIRCLE ANSWER

YES NO

YES NO

YES NO

GO TO PAGE 2

Baez Chart 6/02-3/04
CR0025

USE SECTION 9 IF YOU NEED MORE SPACE FOR YOUR ANSWERS**SECTION 2 – PEOPLE WHO MOVED IN OR OUT****CIRCLE ANSWER**

Did anyone move into (including new births) or out of your home in the last month?

YES NO

If YES, fill in the boxes.

Name	Date In	Date Out	Date of Birth	Relationship to You

Does your Food Stamp assistance unit purchase food and/or prepare meals separately from this person?

YES NO

SECTION 3 – INCOME FROM A JOB**CIRCLE ANSWER**

Did you or anyone listed in Section 1 or Section 4 work in the last month?

YES NO

If yes, how often is pay received
(weekly, monthly, etc.)?If yes, how often is child care paid
(weekly, monthly, etc.)?If YES, please send pay stubs **RECEIVED** during the following weeks:

Date From To		Gross Pay Before Deductions	Date Received	Tips Not Included in Gross Pay	#of Hours Worked	Child Care Expenses
10/06/2002 – 10/12/2002		\$ _____	_____	\$ _____	_____	\$ _____
10/13/2002 – 10/19/2002		\$ _____	_____	\$ _____	_____	\$ _____
10/20/2002 – 10/26/2002		\$ _____	_____	\$ _____	_____	\$ _____
10/27/2002 – 11/02/2002		\$ _____	_____	\$ _____	_____	\$ _____

Name of Person Working _____

If there is more than one person working, give the same information for the same dates in Section 9.

CIRCLE ANSWER

Did this person stop work in this month?

YES NO

For each person working, mail **ALL PAY STUBS** with this form. If you cannot get the pay stubs, have the employer write a letter saying how much was earned and how many hours were worked.If the person(s) who worked did not receive any income during any of the weeks within the dates above, write "NONE" under "Gross Pay Before Deductions" and explain in Section 9. **SEND PROOF OF CHILD CARE EXPENSES.****BE SURE TO SIGN AND RETURN THE COMPLETE MONTHLY REPORT TO YOUR LOCAL TRANSITIONAL ASSISTANCE OFFICE.****GO TO PAGE 3****Baez Chart 6/02-3/04
CR0026**

USE SECTION 9 IF YOU NEED MORE SPACE FOR YOUR ANSWERS**SECTION 2 - PEOPLE WHO MOVED IN OR OUT**

Did anyone move into (including new births) or out of your home in the last month?

If YES, fill in the boxes.

Name	Date In	Date Out	Reason for Move	Where Moved To

Does your Food Stamp assistance unit purchase food and/or prepare meals separately from the household?

SECTION 3 - INCOME FROM A JOB

Did you or anyone listed in Section 1 or Section 4 work in the last month?

If yes, how often is pay received
(weekly, monthly, etc.)?If yes, how often is cash paid?
(weekly, monthly, etc.)?

If YES, please send pay stubs RECEIVED during the following weeks:

Date From To	Gross Pay Before Deductions	Date Received	Tips Not Included Gross Pay	Net Pay	Other
10/06/2002 - 10/12/2002	\$100.00		\$		
10/13/2002 - 10/19/2002	\$100.00		\$		
10/20/2002 - 10/26/2002	\$100.00		\$		
10/27/2002 - 11/02/2002	\$100.00		\$		

Name of Person Working

Mario Zapata

If there is more than one person working, give the same information for the same dates in Section 3.

Did this person stop work in this month?

For each person working, mail ALL PAY STUBS with this form. If you cannot get the pay stubs, state the amount earned and how many hours were worked.

If the person(s) who worked did not receive any income during any of the weeks within the dates above, state the reason. Deductions* and explain in Section 9. SEND PROOF OF CHILD CARE EXPENSES.

BE SURE TO SIGN AND RETURN THE COMPLETE MONTHLY REPORT TO YOUR LOCAL TRUSTEE

Baez Chart 6/02-3/04

CR0027

COME

Did you, or anyone listed in Section 1, or anyone of the following who is living in your home:

- ☐ your spouse;
- ☐ your children's stepparent;
- ☐ if you are a minor parent, your parent(s);
- ☐ if you are a pregnant woman, did any of your children who are under 18 and/or brothers and sisters of the child you are expecting:

receive any of the following kinds of income in the last month?

- Social Security
 - SSI
 - Unemployment Compensation
 - Veterans' Benefits
 - Insurance Payments
 - Income from Former Spouse, Relatives, or Friends
 - Child Support
- For Whom? _____
- Workers' Compensation
 - Educational Scholarship and Loans
 - Any Other Pensions or Benefits
 - Income From Your Own Business
 - Rental Income
 - Income From Other Self-Employment
 - Any Other Income:

Type? _____

(Do not report support paid directly to the Commonwealth.)

CIRCLE ANSWER

YES ; NO

YES ; NO

YES! NO

YES: NO

YES NO

YES, NO

YES NO

YES | NO

YES | NO

YES / NO

YES | NO

YES | NO

YES | NO

YES | NO

If YES, fill in the boxes below

Name of Person	Relationship	Kind of Income How Often Received	Amount

PLEASE SEND PROOF, if this is new income or if it changed in the last month.

BE SURE TO SIGN AND RETURN THE COMPLETE MONTHLY REPORT TO YOUR LOCAL TRANSITIONAL ASSISTANCE OFFICE.

GO TO PAGE 4

SECTION 5 - ASSETS

Do you and/or does anyone on your Cash and/or Food Stamp benefits combined have bank accounts, cash on hand, stocks or bonds, automobiles, or other assets totaling more than \$2,500? If you are a pregnant woman, please include your spouse and any of your children under 18 if they are living with you.

CIRCLE ANSWER
YES ☐ NO ☒

If YES, what are the total assets for each household member?

Name	Relationship	Total Assets
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

IF YOU OR ANYONE INCLUDED IN YOUR CASH OR FOOD STAMP BENEFITS EXPECT CHANGES WITHIN THE NEXT 30 DAYS TO ANY OF THE INFORMATION YOU PROVIDED, THEN TELL US WHAT WILL CHANGE AND WHEN IN SECTION 9.

SECTION 6 - SHELTER AND UTILITIES

COMPLETE IF YOU RECEIVE FOOD STAMP BENEFITS.

If you have MOVED in the last month you MUST answer the following questions. If not, you may use this section to report changes in your rent, mortgage, or in your utility costs. If these costs go up, you may be able to get more Food Stamp benefits.

- How much is your rent or mortgage? \$ 123
- How much of the rent or mortgage are you responsible to pay? \$ 123
- Are you responsible for paying heat separate from your rent?
- Are you responsible for paying any other utilities separate from your rent?
- Is your telephone your only utility?
- Do you share the heat or utility expense with another Food Stamp assistance unit?
- How much do you pay for heat and utility expenses? \$ Phone

CIRCLE ANSWER

YES ☐ NO ☒
YES ☐ NO ☒
YES ☐ NO ☒
YES ☐ NO ☒

YOU WILL BE NOTIFIED IF YOU NEED TO SEND PROOF
SECTION 7 - MEDICAL EXPENSES

COMPLETE IF YOU RECEIVE FOOD STAMP BENEFITS.

Has anyone 60 years of age or older, or disabled, had increased medical expenses since last month?

CIRCLE ANSWER
YES ☐ NO ☒

IF YES, SEND PROOF OF ALL MEDICAL EXPENSES, INCLUDING HEALTH INSURANCE.

SECTION 8 - HEALTH INSURANCE

COMPLETE IF YOU RECEIVE CASH BENEFITS.

Do you or does anyone covered by your cash benefits have health insurance?
Are you eligible for, but not using, a group health insurance plan?

CIRCLE ANSWER
YES ☐ NO ☒
YES ☐ NO ☒

Complete the boxes below only if you have a new policy, or the policy has changed in the last month.

Name of Policy Owner Name(s) of Person(s) Covered	Name of Insurance Company	Policy or Certificate Number Effective Date of Policy

BE SURE TO SIGN AND RETURN THE COMPLETE MONTHLY REPORT TO YOUR LOCAL TRANSITIONAL ASSISTANCE OFFICE.
GO TO PAGE 5

Baez Chart 6/02-3/04
CR0029

Use this space if you need to explain any of your answers.

I understand that:

- my Cash and/or Food Stamp benefits may change or stop because of the information given by me on this form.
- any member of my TAFDC assistance unit who intentionally breaks any of the rules of the TAFDC program can be barred from the program for six months after the first violation, 12 months after the second violation and permanently for the third violation.
- any member of my Food Stamp assistance unit who intentionally breaks any of the rules of the Food Stamp Program can be barred from the program for one year after the first violation, two years after the second violation and permanently after the third violation. The individual can also be fined up to \$10,000, imprisoned up to five years, or both. A court can also bar an individual for an additional 18 months from the Food Stamp Program. The individual may also be subject to further prosecution under applicable federal laws.

If I disagree with any actions taken as a result of information provided by me on this form I have a right to a fair hearing.

By signing my name I am saying that I understand that federal and Massachusetts laws provide for fines and/or imprisonment of anyone who fraudulently attempts to receive Benefits to which the person is not entitled.

SIGN HERE

DATE: 12/9/06

DELIA BAEZ

DORCHESTER, MA 02124-3051

TO: Dorchester TAO - DTA
90 Washington ST.
Dorchester, MA 02121

Baez Chart 6/02-3/04
CR0030

DELIA BAEZ

DORCHESTER, MA 02124-3051

SSN: [REDACTED]-3575

Dorchester TAO - DTA

12/17/2002

EXPLICACION DE SUS CUPONES PARA ALIMENTOS

Limite para el ingreso bruto mensual para familias de su tamano	\$3,017.00	
Limite para el ingreso neto mensual para familias de su tamano	\$0.00	
Total de otros/sancion ingreso	\$533.00	
Ingreso bruto	\$400.00	
 Total Ingreso	 \$933.00	 \$933.00
Deducciones Permitidas		
Fija	\$134.00	
Albergue	\$0.00	
Ingreso por salario/sueldo	\$80.00	
Cuidado de dependientes	\$0.00	
Medicas	\$0.00	
Apoyo por ninos	\$0.00	
 Total Deducciones	 \$214.00	 - \$214.00
 Otros Ajustes	 \$0.00	
 Ingreso a contar	 \$719.00	
Tamano de la familia	4	
Asignacion mensual de cupones	\$249.00	
Hemos usado el ingreso de los siguientes para calcular su elegibilidad y beneficios:		
DELIA BAEZ, JOSE GERONIMO, B[REDACTED] B[REDACTED], C[REDACTED] B[REDACTED]		

Baez Chart 6/02-3/04
CR0031

DELIA BAEZ

DORCHESTER, MA 02124-3051

SSN: [REDACTED]-3575

Dorchester TAO - DTA

12/17/2002

EXPLICACION DE SUS CUPONES PARA ALIMENTOS

Limite para el ingreso bruto mensual para familias de su tamaño	\$3,017.00	
Limite para el ingreso neto mensual para familias de su tamaño	\$0.00	
Total de otros/sancion ingreso	\$533.00	
Ingreso bruto	\$400.00	
Total Ingreso	\$933.00	\$933.00
Deducciones Permitidas		
Fija	\$134.00	
Albergue	\$0.00	
Ingreso por salario/sueldo	\$80.00	
Cuidado de dependientes	\$0.00	
Medicas	\$0.00	
Apoyo por niños	\$0.00	
Total Deducciones	\$214.00	\$214.00
Otros Ajustes	\$0.00	
Ingreso a contar	\$719.00	
Tamaño de la familia	4	
Asignacion mensual de cupones	\$249.00	
Hemos usado el ingreso de los siguientes para calcular su elegibilidad y beneficios:		
DELIA BAEZ, JOSE GERONIMO, B [REDACTED] B [REDACTED], C [REDACTED] B [REDACTED]		

Baez Chart 6/02-3/04
CR0031

To request a hearing, see the other side of page one.
Para solicitar una vista, lea el lado opuesto de la primera pagina

70 marino Zapata 1/10/03

390 contar por la señor
Debi Dag Gana con miyo en
Restauran lo contada del \$100.00
semana por 20 horas de trabajo
391 son \$400.00 por mes

Marino Zapata

14-A Hancón St Dorchester
mes 021 25

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS**SECCIÓN 2 – PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA**CIRCULE LA RESPUESTA

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI ☒ NO

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentezco

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan entemente independiente de esta(s) personas?

SI ☒ NO**SECCIÓN 3 – INGRESO DE TRABAJO**CIRCULE LA RESPUESTA

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI ☒ NO

Si afirmativo, ¿con qué frecuencia le pagan (semanal, mensualmente, etc.)?

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños (semanal, mensualmente, etc.)?

SemanalSi afirmativo, favor de enviar los desprendibles de los cheques RECIBIDOS durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
11/03/2002 – 11/09/2002	\$ <u>100.00</u>		\$ _____	<u>20</u>	\$ _____
11/10/2002 – 11/16/2002	\$ <u>100.00</u>		\$ _____	<u>20</u>	\$ _____
11/17/2002 – 11/23/2002	\$ <u>100.00</u>		\$ _____	<u>20</u>	\$ _____
11/24/2002 – 11/30/2002	\$ <u>100.00</u>		\$ _____	<u>20</u>	\$ _____
12/01/2002 – 12/07/2002	\$ <u>100.00</u>		\$ _____	<u>20</u>	\$ _____

Nombre de la persona que trabajó _____

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI ☒ NO

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántos horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" baja "Ingreso Bruto sin deducciones" y explique en la Sección 9. **ENVIE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.****NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.****SIGA EN LA PAGINA 3****Baez Chart 6/02-3/04
CR0034**

90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De 11/08/2002 a 12/07/2002

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ

DORCHESTER CENTER MA 02124-3051



SSN: [REDACTED] 3575
Dorchester TAO - DTA

12/18/2002

SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre		
Dirección		
Ciudad	Estado	Area Postal
Teléfono ()		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry

Teléfono (617) 989-6012

Su informe mensual no se ha recibido, si usted no lo ha enviado, no completa esta forma y ahora no la envía.

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe **RECIBIR** este formulario del **12/30/2002**.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED]/1953 ¿viviendo en la casa?

C/[REDACTED] B/[REDACTED], [REDACTED]/1995 ¿viviendo en la casa?

B/[REDACTED] B/[REDACTED], [REDACTED]/1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

☒ SI ☐ NO

☒ SI ☐ NO

☒ SI ☐ NO

SIGA EN LA PAGINA 2

**Baez Chart 6/02-3/04
CR0035**

SECCIÓN 5 – BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTA

SI ☒ NO

Si está usted embarazada, incluya también a su esposo y a sus hijos menores de 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DÍAS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 – GASTOS DE VIVIENDA, LUZ, GAS, ETC.**LLENE SI RECIBE CUPONES PARA ALIMENTOS.**

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elegible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 123
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ 123
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ 0

CIRCULE LA RESPUESTA

SI ☒ NOSI ☒ NOSI ☒ NO

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 – GASTOS MÉDICO**LLENE SI RECIBE CUPONES DE ALIMENTOS**

CIRCULE LA RESPUESTA

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

SI ☒ NO

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 – SEGURO MÉDICO**LLENE SI RECIBE CHEQUES DE ASISTENCIA.**

CIRCULE LA RESPUESTA

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

SI ☒ NO

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

SI ☒ NO

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

Baez Chart 6/02-3/04

CR0036

☐ su cónyuge;

☐ el padrastro o madrastra de sus niños;

☐ sus padres, en el caso de que usted sea padre o madre menor de edad;

☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

CIRCULE LA RESPUESTA

- [illegible]

SI NO

- | | |
|----|----|
| SI | NO |
| SI | NO |
| SI | NO |
| SI | NO |
| SI | NO |
| SI | NO |

(No incluir pagos de manutención hechos directamente al Departamento.)

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

Baez Chart 6/02-3/04
CR0037

SECCIÓN 9 – COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME

Entiendo que:

- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmente, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Ademas podra ser sometido a las consecuencias de otras leyes pertinentes.

Si no estoy de acuerdo con cualquier acción tomada como resultado de la información provista por mi en este formulario, tengo derecho a una audiencia de arbitraje.

Al firmar declaro que entiendo que las leyes federales y de Massachusetts proveen multas y/o prison a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.

FIRMA AQUI

DELIA BAEZ

DORCHESTER, MA 02124-3051

FECHA

1/8/03

A: Dorchester TAO – DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

Baez Chart 6/02-3/04
CR0038

MASSACHUSETTS DEPARTMENT OF TRANSITIONAL ASSISTANCE

YOUR MONTHLY REPORT ... From 12.8.02 To 1-7.03

YOUR WORKER NUMBER IS _____ Telephone _____

(FOR FURTHER ASSISTANCE CONTACT 1-800-445-6604)**COMPLETE, SIGN, AND RETURN**

- This form must be **RECEIVED BY** your local office by _____ or you may not receive a assistance check or Food Stamps next month, or receipt of your check or Food Stamps may be delayed.
- **FAILURE TO COMPLETE AND RETURN THIS FORM ON TIME MAY CAUSE YOU TO LOSE YOUR BENEFITS.**
- Your ASSISTANCE CHECK and/or FOOD STAMP amount will be based on what you tell us.
- Be sure to **ANSWER ALL QUESTIONS.**

SECTION 1 — NAME AND ADDRESS

LWO 490

SSN [REDACTED] 3575

PHONE

REG 01

CAT 02

Della Baez

[REDACTED]

Dorchester 02124

If your name, address, or telephone is DIFFERENT please FILL OUT.

Name

Address

City

State

ZIP

Telephone

IF YOU MOVE, SEND YOUR NEW RENT RECEIPT.

SECTION 2 - PEOPLE COVERED BY YOUR ASSISTANCE CHECK AND/OR FOOD STAMPS

DEP. NO.

NAME

CIRCLE ANSWER

Geronimo
Jose (husband)

(y)

01 [REDACTED] B [REDACTED]

(y)

02 B [REDACTED] B [REDACTED]

(y)

Baez Chart 6/02-3/04
CR0039

USE SECTION 8 IF YOU NEED MORE SPACE FOR YOUR ANSWERS**SECTION 3 — SHELTER AND UTILITIES****COMPLETE IF YOU RECEIVE FOOD STAMPS**

If you have **MOVED** in the last month you **MUST** answer the following questions. If not, you may use this section to report changes in your rent, mortgage, or in your utility costs. If these costs go up, you may be able to get more Food Stamps.

- How much is your rent or mortgage? \$ 123 **CIRCLE ANSWER**
- How much of the rent or mortgage are you responsible to pay? \$ 123
- Are you responsible for paying heat separate from your rent? YES ☐ NO ☒
- Are you responsible for paying any other utilities separate from your rent? YES ☐ NO ☒
- Is your telephone your only utility? YES ☐ NO ☒
- Do you share the heat or utility expenses with another Food Stamp household? YES ☐ NO ☒
- How much do you pay for heat and utility expenses? \$ _____

YOU WILL BE NOTIFIED IF YOU NEED TO SEND PROOF**SECTION 4 — PEOPLE WHO MOVED IN OR OUT****CIRCLE ANSWER**

Did anyone move into (including new births) or out of your home in the last month? YES ☐ NO ☒

If YES, fill in these boxes.

Name	Date In	Date Out	Date of Birth	Relationship to You

Does your Food Stamp household purchase food and/or prepare meals separately from this person(s)?

YES ☐ NO ☒**SECTION 5 — MEDICAL EXPENSES****COMPLETE IF YOU RECEIVE FOOD STAMPS.****CIRCLE ANSWER**

Did anyone in your Food Stamp household who is 60 years of age or older who is receiving Social Security Disability, SSI MADA, government/railroad retirement disabilities or Veterans' disability benefits because he or she is a disabled veteran disabled spouse or a disabled child of a deceased veteran have medical expenses that changed by more than \$25.00 in the last month?

YES ☐ NO ☒**IF YES, SEND PROOF OF ALL MEDICAL EXPENSES, INCLUDING HEALTH INSURANCE.****SECTION 6 — HEALTH INSURANCE****COMPLETE IF YOU RECEIVE ASSISTANCE CHECKS.****CIRCLE ANSWER**

Do you or anyone covered by your assistance check have health insurance?

YES ☐ NO ☒

Are you eligible for, but not using, a group health insurance plan?

YES ☐ NO ☒

Complete the boxes below only if you have a new policy, or the policy has changed in the last month.

Name of Policy Owner	Policy or Cert. Number
Name(s) of Person(s) Covered	Effective Date of Policy

SECTION 7 — OTHER INCOME AND ASSETS

Did you, anyone listed in Section 2, or anyone of the following live in your home:

CIRCLE ANSWER

- ☒ your spouse;
☐ your children's stepparent;
☐ If you are a minor parent, your parent(s);
☐ If you are a pregnant woman, did any of your children who are under 18 and/or brothers and sisters of the child you are expecting;
 receive any of the following kinds of income in the last month?

• Social Security	YES	NO
• SSI	YES	NO
• Unemployment Compensation	YES	NO
• Veterans' Benefits	YES	NO
• Insurance Payments	YES	NO
• Income from Former Spouse, Relatives, or Friends	YES	NO
• Child Support:	YES	NO
For Whom? _____		
• Worker's Compensation	YES	NO
• Educational Scholarships and Loans	YES	NO
• Any Other Pensions or Benefits	YES	NO
• Income From Your Own Business	YES	NO
• Rental Income	YES	NO
• Income From Other Self-Employment	YES	NO
• Any Other Income:	YES	NO

Type? SSI - 422
 (Do not report support paid directly to the Department.)

If YES, fill in the boxes below

Name of Person	Relationship	Kind of Income How Often Received	Amount

If this is new income or if it changed in the last month, PLEASE SEND PROOF.

Do you and/or anyone on your transitional assistance check or Food Stamps combined have bank accounts, cash on hand, stocks or bonds, automobiles, or other assets totaling more than \$1,000? If you are a pregnant woman, please include your spouse and any of your children under 18 if they are living with you.

CIRCLE ANSWER

YES NO

If YES, what are the total assets for each household member?

Name	Relationship	Total Assets
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

IF YOU OR ANYONE INCLUDED ON YOUR ASSISTANCE CHECK OR FOOD STAMPS EXPECT CHANGES WITHIN THE NEXT 30 DAYS TO ANY OF THE INFORMATION YOU PROVIDED, THEN TELL US WHAT WILL CHANGE AND WHEN IN SECTION 8.

SECTION 8 — COMMENTS

Use this space if you need to explain any of your answers.

Baez Chart 6/02-3/04

- 3 -

CR0041

TURN TO PAGE 4

SECTION 9 — INCOME FROM A JOB

CIRCLE ANSWER

Did you or anyone listed in Section 2 or Section 7 work in the last month?

YES ☒ NO ☐If YES, please send pay stubs RECEIVED during the week of:

Date		Gross Pay Before Deductions	Date Received	Tips Not Included in Gross Pay	# of Hours Worked	Child Care Expenses
From	To					
1	1 - 12 15 02	\$ 100		\$	20	\$
1	1 - 12 22 02	\$ 100		\$		\$
1	1 - 12 29 02	\$ 100		\$		\$
1	1 - 1 5 03	\$ 100		\$		\$
1	1 - 1 12 03	\$		\$		\$

Name of Person Working: _____

CIRCLE ANSWER

If there is more than one person working, give the same information for the same dates in Section 8.

Did this person terminate work in this month?

YES ☐ NO ☒

Is this person a stepparent?

YES ☐ NO ☒

If you are a minor parent, is this person your parent or legal guardian?

YES ☐ NO ☒

How often is pay received (weekly, monthly, etc.)? _____

How often is child care paid (weekly, monthly, etc.)? _____

For each person working, mail ALL PAY STUBS with this form. If you cannot get the pay stubs, have the employer write a letter saying how much was earned and how many hours were worked.

If the person(s) who worked did not receive any income during any of the weeks within the dates above, write "NONE" under "Gross Pay Before Deductions" and explain in Section 8.

SEND PROOF OF CHILD CARE EXPENSES.

READ AND SIGN

I UNDERSTAND THAT MY ASSISTANCE CHECK, AFDC BENEFITS AND/OR FOOD STAMPS MAY CHANGE OR STOP BECAUSE OF THE INFORMATION GIVEN BY ME ON THIS FORM.

IF I DISAGREE WITH ANY ACTIONS TAKEN AS A RESULT OF INFORMATION PROVIDED BY ME ON THIS FORM I HAVE A RIGHT TO A FAIR HEARING.

ANY MEMBER OF YOUR HOUSEHOLD WHO INTENTIONALLY BREAKS ANY OF THE RULES OF THE FOOD STAMP PROGRAM CAN BE BARRED FROM THE PROGRAM FOR 6 MONTHS AFTER THE FIRST VIOLATION, 12 MONTHS AFTER THE SECOND VIOLATION, AND PERMANENTLY FOR THE THIRD VIOLATION. THE INDIVIDUAL CAN ALSO BE FINED UP TO \$10,000, IMPRISONMENT UP TO 5 YEARS, OR BOTH. A COURT CAN ALSO BAR AN INDIVIDUAL FOR AN ADDITIONAL 18 MONTHS FROM THE FOOD STAMP PROGRAM. THE INDIVIDUAL MAY ALSO BE SUBJECT TO FURTHER PROSECUTION UNDER OTHER APPLICABLE FEDERAL LAWS.

BY SIGNING MY NAME I AM SAYING THAT I UNDERSTAND THAT FEDERAL AND MASSACHUSETTS LAWS PROVIDE FOR FINES AND/OR IMPRISONMENT OF ANYONE WHO FRAUDULENTLY ATTEMPTS TO RECEIVE BENEFITS AND/OR FOOD STAMPS TO WHICH THE PERSON IS NOT ENTITLED.

SIGN HERE: _____

DATE: 2-5-03

2/8/03

yo Marino Zapata, Propietario
del Restaurante Santo Domingo.
Ubicado en la calle Hankoo St,
H/Dorchester, certifique que la
Señora Delia Baez trabajo 20 → 20 hr
hora semanal cobrando \$100. → @ \$100
dolares por semana: ~~from~~ and Dec 2002
for el Mo. of Enero 2003
(~~20~~)
am.

att Marino Zapata
tel: 822-9178

90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De ~~11/08/2002~~ a ~~12/07/2002~~ 3
3

entered
2-19-03

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ
[REDACTED]
DORCHESTER, MA 02124-3051

SSN: [REDACTED] 3575
Dorchester TAO - DTA

12/18/2002

SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre		
Dirección		
Ciudad	Estado	Area Postal
Teléfono ()		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry Teléfono (617) 989-6012

Su informe mensual no se ha recibido, si usted no lo ha enviado, no completa esta forma y ahora no la envía.

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe **RECIBIR** este formulario del **12/30/2002**.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED] 1953 ¿viviendo en la casa?
C [REDACTED] A B [REDACTED], [REDACTED] 1995 ¿viviendo en la casa?
B [REDACTED] B [REDACTED], [REDACTED] 1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

SI NO
SI NO
SI NO

SIGA EN LA PAGINA 2

**Baez Chart 6/02-3/04
CR0044**

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS
SECCIÓN 2 - PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA

CIRCULE LA RESPUESTA

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI (NO)

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentesco

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan entemente independiente de esta(s) personas?

SI (NO)

SECCIÓN 3 - INGRESO DE TRABAJO

CIRCULE LA RESPUESTA

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI (NO)

Si afirmativo, ¿con qué frecuencia le pagan

(semanal, mensualmente, etc.)?

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños

(semanal, mensualmente, etc.)?

Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha		Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
De	a					
11/03/2002	11/09/2002	\$ 100		\$	20	\$
11/10/2002	11/16/2002	\$ 100		\$	20	\$
11/17/2002	11/23/2002	\$ 100		\$	20	\$
11/24/2002	11/30/2002	\$ 100		\$	20	\$
12/01/2002	12/07/2002	\$ 100		\$	20	\$

Nombre de la persona que trabajó _____

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI (NO)

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántos horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" bajo "Ingreso Bruto sin deducciones" y explique en la Sección 9. ENVIE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 3

Baez Chart 6/02-3/04
CR0045

SECCIÓN 4 - OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☐ su cónyuge;
- ☐ el padrastro o madrastra de sus niños;
- ☐ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

CIRCULE LA RESPUESTA

• Seguro Social

☒ SSI *Jese*

• Compensación por Desempleo

• Beneficios de Veterano

• Pagos de Seguro

• Ingreso de ex-esposo(a), Parientes o amigos

• Pago por manutención de niños:

¿Para quien? _____

• Compensación por Accidente de Trabajo

• Becas o préstamos Educativos

• Cualquier otra pensión o beneficios

• De su propio negocio

• Ingreso por Alquiler

• Otro trabajo por su cuenta

• Cualquier otro ingreso:

¿Tipo de ingreso? _____

(No incluir pagos de manutención hechos directamente al Departamento.)

SI NO

☒ SI ☒ NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.
SIGA EN LA PAGINA 4

**Baez Chart 6/02-3/04
CR0046**

SECCIÓN 5 - BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTA

SI NO

Si está usted embarazada, incluya también a su esposo y a sus hijos menoresde 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DÍAS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 - GASTOS DE VIVIENDA, LUZ, GAS, ETC.

LLENE SI RECIBE CUPONES PARA ALIMENTOS.

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elefible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ _____
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ 123
- ¿Es usted responsable de pagar calefacción apartè de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ _____

CIRCULE LA RESPUESTA

SI ☒ NO
 SI ☒ NO
 SI ☒ NO
 SI ☒ NO

USTED SERA NOTIFICADO SI NÉCESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 - GASTOS MÉDICO

LLENE SI RECIBE CUPONES DE ALIMENTOS

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

CIRCULE LA RESPUESTA

SI ☒ NO

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 - SEGURO MÉDICO

LLENE SI RECIBE CHEQUES DE ASISTENCIA.

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

CIRCULE LA RESPUESTA

SI ☒ NO
 SI ☒ NO

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

Baez Chart 6/02-3/04
CR0047

SECCIÓN 9 - COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME

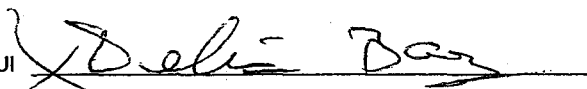
Entiendo que:

- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmemte, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Ademas podra ser sometido a las consecuencias de otras leyes pertinentes.

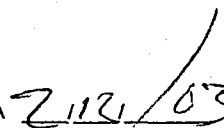
Si no estoy de acuredo con cualquier acción tomada coma resultado de la información provista por mi en este formulario, tengo derecho a una audiencia de arbitraje.

Al firmar declaro que entelndo que las leyes federales y de Massachusetts proveen multas y/o prison a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.

FIRMA AQUI



FECHA



DELIA BAEZ


DORCHESTER, MA 02124-3051

A: Dorchester TAO - DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

Baez Chart 6/02-3/04

CR0048

Wednesday, February 12, 2003

Page 5 of 5

90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De 01/08/2003 a 02/07/2003

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ

SSN: [REDACTED] 3575
Dorchester TAO - DTA

DORCHESTER CENTER MA 02124-3051



02/18/2003

SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre		
Dirección		
Ciudad	Estado	Area Postal
Teléfono (617) 719-9262		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry

Teléfono (617) 989-6012

Su informe mensual no se ha recibido, si usted no lo ha enviado, no completa esta forma y ahora no la envía.

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe RECIBIR este formulario del 03/03/2003.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED]/1953 ¿viviendo en la casa?

C [REDACTED] B [REDACTED], [REDACTED]/1995 ¿viviendo en la casa?

B [REDACTED] B [REDACTED], [REDACTED]/1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

☒ SI ☐ NO
☒ SI ☐ NO
☒ SI ☐ NO

SIGA EN LA PAGINA 2

Baez Chart 6/02-3/04
CR0049

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS**SECCIÓN 2 – PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA**CIRCULE LA RESPUESTA

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI ☒ NO

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentesco

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan enteramente independiente de esta(s) personas?

SI ☒ NO**SECCIÓN 3 – INGRESO DE TRABAJO**CIRCULE LA RESPUESTA

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI ☒ NO

Si afirmativo, ¿con qué frecuencia le pagan (semanal, mensualmente, etc.)?

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños (semanal, mensualmente, etc.)?

Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
01/05/2003 – 01/11/2003	\$ 100		\$		\$
01/12/2003 – 01/18/2003	\$ 100		\$		\$
01/19/2003 – 01/25/2003	\$ 100		\$		\$
01/26/2003 – 02/01/2003	\$ 100		\$		\$

Nombre de la persona que trabajó

Della Baez

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI NO

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántos horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" baja "Ingreso Bruto sin deducciones" y explique en la Sección 9. ENVIE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 3

Baez Chart 6/02-3/04
CR0050

SECCIÓN 4 – OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☒ su cónyuge;
- ☐ el padrastro o madrastra de sus niños;
- ☐ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

CIRCULE LA RESPUESTA

- Seguro Social SI ☒ NO ☒
- SSI SI ☒ NO ☒
- Compensación por Desempleo SI ☒ NO ☒
- Beneficios de Veterano SI ☒ NO ☒
- Pagos de Seguro SI ☒ NO ☒
- Ingreso de ex-esposo(a), Parientes o amigos SI ☒ NO ☒
- Pago por manutención de niños: SI ☒ NO ☒
 ¿Para quien? _____
- Compensación por Accidente de Trabajo SI ☒ NO ☒
- Becas o préstamos Educativos SI ☒ NO ☒
- Cualquier otra pensión o beneficios SI ☒ NO ☒
- De su propio negocio SI ☒ NO ☒
- Ingreso por Alquiler SI ☒ NO ☒
- Otra trabajo por su cuenta SI ☒ NO ☒
- Cualquier otro ingreso: SI ☒ NO ☒
 ¿Tipo de ingreso? _____

(No incluir pagos de manutención hechos directamente al Departamento.)

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 4

**Baez Chart 6/02-3/04
CR0051**

SECCIÓN 5 – BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTA

SI NO

Si está usted embarazada, incluya también a su esposo y a sus hijos menoresde 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DÍAS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 – GASTOS DE VIVIENDA, LUZ, GAS, ETC.**LLENE SI RECIBE CUPONES PARA ALIMENTOS.**

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elefible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 123
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ 123
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ 0

CIRCULE LA RESPUESTASI ☒ NOSI ☒ NOSI ☒ NOSI ☒ NO

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 – GASTOS MÉDICO**LLENE SI RECIBE CUPONES DE ALIMENTOS****CIRCULE LA RESPUESTA**

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

SI ☒ NO

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 – SEGURO MÉDICO**LLENE SI RECIBE CHEQUES DE ASISTENCIA.****CIRCULE LA RESPUESTA**

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

SI ☒ NO

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

SI ☒ NO

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

Baez Chart 6/02-3/04
CR0052

90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De 02/08/2003 a 03/07/2003

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ

DORCHESTER CENTER MA 02124-3051



SSN: [REDACTED]-3575
Dorchester TAO - DTA

03/18/2003

SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre	Delia Baez		
Dirección	[REDACTED]		
Ciudad	Estado	Area Postal	
Boston	MA	02124	
Teléfono (617) 825 5074			

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry

Teléfono (617) 989-6012

Su informe mensual no se ha recibido, si usted no lo ha enviado, no completa esta forma y ahora no la envía.

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe **RECIBIR** este formulario del 03/31/2003.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegúrese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED]/1953 ¿viviendo en la casa?

C. [REDACTED] B. [REDACTED] [REDACTED]/1995 ¿viviendo en la casa?

B. [REDACTED] B. [REDACTED], [REDACTED]/1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

SI NO

SI NO

SIGA EN LA PAGINA 2

Baez Chart 6/02-3/04
CR0054

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS**SECCIÓN 2 – PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA****CIRCULE LA RESPUESTA**

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI ☒ NO

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentezco

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan entera y completamente independiente de esta(s) personas?

SI NO

SECCIÓN 3 – INGRESO DE TRABAJO**CIRCULE LA RESPUESTA**

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI ☒ NO

Si afirmativo, ¿con qué frecuencia le pagan (semanal, mensualmente, etc.)?

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños (semanal, mensualmente, etc.)?

Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
02/02/2003 – 02/08/2003	\$ 100		\$		\$
02/09/2003 – 02/15/2003	\$ 100		\$		\$
02/16/2003 – 02/22/2003	\$ 100		\$		\$
02/23/2003 – 03/01/2003	\$ 100		\$		\$

Nombre de la persona que trabajó

Alvin Diaz

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI ☒ NO

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántas horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" bajo "Ingreso Bruto sin deducciones" y explique en la Sección 9. ENVÍE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 3

Baez Chart 6/02-3/04
CR0055

SECCIÓN 4 – OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☐ su cónyuge;
- ☐ el padrastro o madrastra de sus niños;
- ☐ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

- Seguro Social
- SSI
- Compensación por Desempleo
- Beneficios de Veterano
- Pagos de Seguro
- Ingreso de ex-esposo(a), Parientes o amigos
- Pago por manutención de niños:
- ¿Para quien? _____
- Compensación por Accidente de Trabajo
- Becas o préstamos Educativos
- Cualquier otra pensión o beneficios
- De su propio negocio
- Ingreso por Alquiler
- Otro trabajo por su cuenta
- Cualquier otro ingreso:

¿Tipo de ingreso? _____

(No incluir pagos de manutención hechos directamente al Departamento.)

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

CIRCULE LA RESPUESTA

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 4

**Baez Chart 6/02-3/04
CR0056**

SECCIÓN 5 – BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTASI ☒ NO

Si está usted embarazada, incluya también a su esposo y a sus hijos menoresde 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DÍAS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 – GASTOS DE VIVIENDA, LUZ, GAS, ETC.**LLENE SI RECIBE CUPONES PARA ALIMENTOS.**

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elefible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 123
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ 123
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ 0

CIRCULE LA RESPUESTASI ☒ NOSI ☒ NOSI ☒ NOSI ☒ NO

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 – GASTOS MÉDICO**LLENE SI RECIBE CUPONES DE ALIMENTOS****CIRCULE LA RESPUESTA**

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

SI ☒ NO

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 – SEGURO MÉDICO**LLENE SI RECIBE CHEQUES DE ASISTENCIA.****CIRCULE LA RESPUESTA**

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

SI ☒ NO

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

SI ☒ NO

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

Baez Chart 6/02-3/04

CR0057

SECCIÓN 9 - COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME

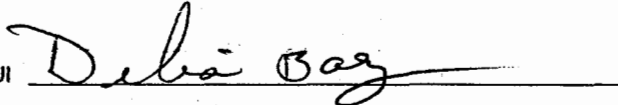
Entiendo que:

- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmente, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Ademas podra ser sometido a las consecuencias de otras leyes pertinentes.

Si no estoy de acuerdo con cualquier acción tomada como resultado de la información provista por mi en este formulario, tengo derecho a una audiencia de arbitraje.

Al firmar declaro que entiendo que las leyes federales y de Massachusetts proveen multas y/o prison a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.


FIRMA AQUI



FECHA

2/3/03

DELIA BAEZ


DORCHESTER, MA 02124-3051

A: Dorchester TAO - DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

**Baez Chart 6/02-3/04
CR0058**

3/27/03

Yo Marino Zapata Proprietario de
Restaurante Santo Domingo Vieques
en el 14 Honecker St Dorchester
certifico que la Señora
Delia Baez Trabajo 20 horas como
Cocina de \$100.00 Semanal

att:

Marino Zapata
tel: 617-7199266

90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De 03/08/2003 a 04/07/2003

Entrevista
07-1-03

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ

SSN: [REDACTED]-3575
Dorchester TAO - DTA

DORCHESTER CENTER MA 02124-3051

04/18/2003



SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre		
Dirección		
Ciudad	Estado	Area Postal
Teléfono <i>(617) 719-9262</i>		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry

Teléfono (617) 989-6012

Su informe mensual no se ha recibido, si usted no lo ha enviado, no completa esta forma y ahora no la envía.

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe **RECIBIR** este formulario del **04/29/2003**.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED] 1953 ¿viviendo en la casa?

C [REDACTED] B [REDACTED], [REDACTED] 1995 ¿viviendo en la casa?

B [REDACTED] B [REDACTED], [REDACTED] 1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

~~SI~~ ~~NO~~

~~SI~~ ~~NO~~

~~SI~~ ~~NO~~

SIGA EN LA PAGINA 2

Baez Chart 6/02-3/04
CR0060

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS**SECCIÓN 2 – PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA**CIRCULE LA RESPUESTA

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI NO

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentesco

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan entera y completamente independiente de esta(s) personas?

SI NO

SECCIÓN 3 – INGRESO DE TRABAJOCIRCULE LA RESPUESTA

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI NO

Si afirmativo, ¿con qué frecuencia le pagan (semanal, mensualmente, etc.)?

Semanal

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños (semanal, mensualmente, etc.)?

Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
03/02/2003 – 03/08/2003	\$ <u>100</u>	_____	\$ _____	_____	\$ _____
03/09/2003 – 03/15/2003	\$ <u>100</u>	_____	\$ _____	_____	\$ _____
03/16/2003 – 03/22/2003	\$ <u>100</u>	_____	\$ _____	_____	\$ _____
03/23/2003 – 03/29/2003	\$ <u>100</u>	_____	\$ _____	_____	\$ _____
03/30/2003 – 04/05/2003	\$ <u>100</u>	_____	\$ _____	_____	\$ _____

Nombre de la persona que trabajó _____

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI NO

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántos horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" bajo "Ingreso Bruto sin deducciones" y explique en la Sección 9. **ENVIE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.****NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.****SIGA EN LA PAGINA 3****Baez Chart 6/02-3/04
CR0061**

SECCIÓN 4 – OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☐ su cónyuge;
- ☐ el padrastro o madrastra de sus niños;
- ☐ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

- Seguro Social
- SSI
- Compensación por Desempleo
- Beneficios de Veterano
- Pagos de Seguro
- Ingreso de ex-esposo(a), Parientes o amigos
- Pago por manutención de niños:
- ¿Para quien? _____
- Compensación por Accidente de Trabajo
- Becas o préstamos Educativos
- Cualquier otra pensión o beneficios
- De su propio negocio
- Ingreso por Alquiler
- Otro trabajo por su cuenta
- Cualquier otro ingreso:

¿Tipo de ingreso? _____

(No incluir pagos de manutención hechos directamente al Departamento.)

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

CIRCULE LA RESPUESTA

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 4

**Baez Chart 6/02-3/04
CR0062**

SECCIÓN 5 – BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTA

SI NO

Si está usted embarazada, incluya también a su esposo y a sus hijos menores de 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DÍAS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 – GASTOS DE VIVIENDA, LUZ, GAS, ETC.**LLENE SI RECIBE CUPONES PARA ALIMENTOS.**

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elegible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 178
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ 178
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ 0

CIRCULE LA RESPUESTA

SI NO

SI NO

SI NO

SI NO

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 – GASTOS MÉDICO**LLENE SI RECIBE CUPONES DE ALIMENTOS****CIRCULE LA RESPUESTA**

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

SI NO

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 – SEGURO MÉDICO**LLENE SI RECIBE CHEQUES DE ASISTENCIA.****CIRCULE LA RESPUESTA**

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

SI NO

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

SI NO

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

Baez Chart 6/02-3/04

CR0063

SECCIÓN 9 - COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME

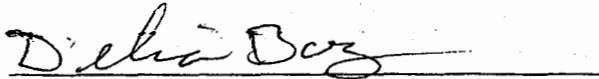
Entiendo que:

- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmente, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Ademas podra ser sometido a las consecuencias de otras leyes pertinentes.

Si no estoy de acuerdo con cualquier acción tomada como resultado de la información provista por mi en este formulario, tengo derecho a una audiencia de arbitraje.

Al firmar declaro que entiendo que las leyes federales y de Massachusetts proveen multas y/o prison a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.

FIRMA AQUI



FECHA

4/27-03

DELIA BAEZ

DORCHESTER, MA 02124-3051

A: Dorchester TAO - DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

Baez Chart 6/02-3/04

CR0064

4-27-03

Yo Marino Zapata Proprietario del
Restaurante Santo Domingo Ubicado
en el 14 H/Am Koo St Oarchester
Certifico que la Señora Delio Baez
trabajo 20 horas semanal con
Salario de \$ 100.00 Dólares Semanal

att

Marino Zapata
tel. 617.719.9266

90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De 04/08/2003 a 05/07/2003

*Woods
entred
07/19/03*

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ

SSN: [REDACTED]-3575
Dorchester TAO - DTA

DORCHESTER CENTER MA 02124-3051



05/02/2003

SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre		
Dirección		
Ciudad	Estado	Area Postal
Teléfono (617) 719-9762		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry

Teléfono (617) 989-6012

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe **RECIBIR** este formulario del **05/19/2003**.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED] 1953 ¿viviendo en la casa?

C [REDACTED] B [REDACTED], [REDACTED] 1995 ¿viviendo en la casa?

B [REDACTED] B [REDACTED], [REDACTED] 1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

☒ SI ☐ NO

☒ SI ☐ NO

☒ SI ☐ NO

SIGA EN LA PAGINA 2

Baez Chart 6/02-3/04
CR0066

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS**SECCIÓN 2 – PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA****CIRCULE LA RESPUESTA**

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI ☒ NO

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentesco

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan entera e independiente de esta(s) personas?

SI NO

SECCIÓN 3 – INGRESO DE TRABAJO**CIRCULE LA RESPUESTA**

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI ☒ NO

Si afirmativo, ¿con qué frecuencia le pagan (semanal, mensualmente, etc.)?

semanal

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños (semanal, mensualmente, etc.)?

Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
04/06/2003 – 04/12/2003	\$ <u>100</u>	_____	\$ _____	_____	\$ _____
04/13/2003 – 04/19/2003	\$ <u>100</u>	_____	\$ _____	_____	\$ _____
04/20/2003 – 04/26/2003	\$ <u>100</u>	_____	\$ _____	_____	\$ _____
04/27/2003 – 05/03/2003	\$ <u>100</u>	_____	\$ _____	_____	\$ _____

Nombre de la persona que trabajó _____

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI NO

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántas horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" bajo "Ingreso Bruto sin deducciones" y explique en la Sección 9. **ENVIE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.****NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.****SIGA EN LA PAGINA 3**Baez Chart 6/02-3/04
CR0067

SECCIÓN 4 – OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☐ su cónyuge;
- ☒ el padrastro o madrastra de sus niños;
- ☐ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

CIRCULE LA RESPUESTA

- Seguro Social
- SSI
- Compensación por Desempleo
- Beneficios de Veterano
- Pagos de Seguro
- Ingreso de ex-esposo(a), Parientes o amigos
- Pago por manutención de niños:
¿Para quien? _____
- Compensación por Accidente de Trabajo
- Becas o préstamos Educativos
- Cualquier otra pensión o beneficios
- De su propio negocio
- Ingreso por Alquiler
- Otro trabajo por su cuenta
- Cualquier otro ingreso:
¿Tipo de ingreso? _____

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

(No incluir pagos de manutención hechos directamente al Departamento.)

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 4

Baez Chart 6/02-3/04

CR0068

SECCIÓN 5 – BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTASI ☒ NO

Si está usted embarazada, incluya también a su esposo y a sus hijos menoresde 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DIÁS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 – GASTOS DE VIVIENDA, LUZ, GAS, ETC.**LLENE SI RECIBE CUPONES PARA ALIMENTOS.**

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elefible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 138
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ 138
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ 0

CIRCULE LA RESPUESTASI ☒ NOSI ☒ NOSI ☒ NOSI ☒ NO

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 – GASTOS MÉDICO**LLENE SI RECIBE CUPONES DE ALIMENTOS****CIRCULE LA RESPUESTA**

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

SI ☒ NO

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 – SEGURO MÉDICO**LLENE SI RECIBE CHEQUES DE ASISTENCIA.****CIRCULE LA RESPUESTA**

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

SI ☒ NO

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

SI ☒ NO

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

Baez Chart 6/02-3/04

CR0069

SECCIÓN 9 – COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME

Entiendo que:

- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmente, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Además podra ser sometido a las consecuencias de otras leyes pertinentes.

Si no estoy de acuerdo con cualquier acción tomada como resultado de la información provista por mi en este formulario, tengo derecho a una audiencia de arbitraje.


Al firmar declaro que entiendo que las leyes federales y de Massachusetts proveen multas y/o prison a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.

FIRMA AQUI



FECHA 5-11-03

DELIA BAEZ


DORCHESTER, MA 02124-3051

A: Dorchester TAO – DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

**Baez Chart 6/02-3/04
CR0070**

yo marino Zapata
Proprietario del Rest.
Santo Domingo ubicado
en el 14 Hancock St
Dorchester cerfiso
que la Senora Delia-
Baez, trabaja 20 horas
semanal cobrando
\$ 100.00 dolares por semana

att
Marino Zapata
Tel 617 719 9266

5. 26.03
 Untitled

90 Washington ST.
 Dorchester, MA 02121

SU INFORME MENSUAL
 De 05/08/2003 a 06/07/2003

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ

SSN: [REDACTED]-3575
 Dorchester TAO - DTA

DORCHESTER CENTER MA 02124-3051

|||||

06/18/2003

SI HA CAMBIADO, su nombre, dirección o teléfono

COMPLETE, por favor, lo siguiente:

Nombre	Delia Baez		
Dirección	[REDACTED]		
Ciudad	Dorch	Estado	MA Area Postal 02124
Teléfono	(617) 825-5074		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry

Teléfono (617) 989-6012

Su informe mensual no se ha recibido, si usted no lo ha enviado, no completa esta forma y ahora no la envía.

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe **RECIBIR** este formulario del **06/30/2003**.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED]/1953 ¿viviendo en la casa?

C [REDACTED] B [REDACTED], [REDACTED]/1995 ¿viviendo en la casa?

B [REDACTED] B [REDACTED], [REDACTED]/1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

SI ☒ NO

☒ NO

☒ NO

SIGA EN LA PAGINA 2

Baez Chart 6/02-3/04
 CR0072

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS**SECCIÓN 2 – PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA****CIRCULE LA RESPUESTA**

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI NO ☒

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentesco

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan entera y completamente independiente de esta(s) personas?

SI NO ☒**SECCIÓN 3 – INGRESO DE TRABAJO****CIRCULE LA RESPUESTA**

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI NO ☒Si afirmativo, ¿con qué frecuencia le pagan
(semanal, mensualmente, etc.)?Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños
(semanal, mensualmente, etc.)?Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
05/04/2003 – 05/10/2003	\$ 100		\$		\$
05/11/2003 – 05/17/2003	\$ 100		\$		\$
05/18/2003 – 05/24/2003	\$ 100		\$		\$
05/25/2003 – 05/31/2003	\$ 100		\$		\$
06/01/2003 – 06/07/2003	\$ 100		\$		\$

Nombre de la persona que trabajó _____

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI NO ☒

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántas horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" bajo "Ingreso Bruto sin deducciones" y explique en la Sección 9. **ENVÍE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.****NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD –****SIGA EN LA PAGINA 3****Baez Chart 6/02-3/04
CR0073**

SECCIÓN 4 – OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☐ su cónyuge;
- ☐ el padrastro o madrastra de sus niños;
- ☐ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,
- recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

- Seguro Social
- SSI
- Compensación por Desempleo
- Beneficios de Veterano
- Pagos de Seguro
- Ingreso de ex-esposo(a), Parientes o amigos
- Pago por manutención de niños:

¿Para quien? _____

- Compensación por Accidente de Trabajo
- Becas o préstamos Educativos
- Cualquier otra pensión o beneficios
- De su propio negocio
- Ingreso por Alquiler
- Otra trabajo por su cuenta
- Cualquier otro ingreso:

¿Tipo de ingreso? _____

(No incluir pagos de manutención hechos directamente al Departamento.)

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

CIRCULE LA RESPUESTA

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 4

**Baez Chart 6/02-3/04
CR0074**

SECCIÓN 5 – BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTASI NO ☒

Si está usted embarazada, incluya también a su esposo y a sus hijos menoresde 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DÍAS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 – GASTOS DE VIVIENDA, LUZ, GAS, ETC.**LLENE SI RECIBE CUPONES PARA ALIMENTOS.**

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser eléible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 123
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ _____
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ 20

CIRCULE LA RESPUESTASI NO ☒SI NO ☒SI NO ☒SI NO ☒

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 – GASTOS MÉDICO**LLENE SI RECIBE CUPONES DE ALIMENTOS****CIRCULE LA RESPUESTA**

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

SI NO ☒

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 – SEGURO MÉDICO**LLENE SI RECIBE CHEQUES DE ASISTENCIA.****CIRCULE LA RESPUESTA**

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

SI NO ☒

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

SI NO ☒

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

Baez Chart 6/02-3/04
CR0075

SECCIÓN 9 – COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME

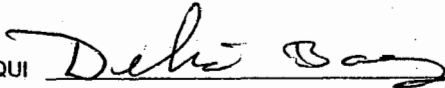
Entiendo que:

- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmente, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Ademas podra ser sometido a las consecuencias de otras leyes pertinentes.

Si no estoy de acuerdo con cualquier acción tomada como resultado de la información provista por mi en este formulario, tengo derecho a una audiencia de arbitraje.

Al firmar declaro que entiendo que las leyes federales y de Massachusetts proveen multas y/o prison a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.

FIRMA AQUI



FECHA

6/23/03

DELIA BAEZ

DORCHESTER, MA 02124-3051

A: Dorchester TAO – DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

Baez Chart 6/02-3/04
CR0076

Yo Marino Zapata certifico que la
Señora Delia Baez. trabajo en mi
Restaurante Santo Domingo ubicado
en la Calle Hancock St Dorchester
trabajando 20 hora semanal,
recibiendo un salario de \$100.00
dólares semanales

att
Marino Zapata
Tel 617 719 9266

90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De 06/08/2003 a 07/07/2003

*received
aug 6 03*

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ

SSN: [REDACTED]-3575
Dorchester TAO - DTA

DORCHESTER CENTER MA 02124-3051

07/01/2003

SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre	Delia Baez		
Dirección	[REDACTED]		
Ciudad	Dorchester	Estado	MA
Área Postal	02124		
Teléfono	(617) 825-5074		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry

Teléfono (617) 989-6012

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe **RECIBIR** este formulario del **07/18/2003**.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estarán basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED]/1953 ¿viviendo en la casa?

C [REDACTED] B [REDACTED], [REDACTED]/1995 ¿viviendo en la casa?

B [REDACTED] B [REDACTED], [REDACTED]/1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

SI ☒ NO
SI ☒ NO
SI ☒ NO

SIGA EN LA PAGINA 2

Baez Chart 6/02-3/04
CR0078

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS**SECCIÓN 2 – PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA****CIRCULE LA RESPUESTA**

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI NO

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentesco

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan enteramente independiente de esta(s) personas?

SI NO

SECCIÓN 3 – INGRESO DE TRABAJO**CIRCULE LA RESPUESTA**

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI NO

Si afirmativo, ¿con qué frecuencia le pagan (semanal, mensualmente, etc.)?

SEMANAL

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños (semanal, mensualmente, etc.)?

Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
06/08/2003 – 06/14/2003	\$ 100		\$		\$
06/15/2003 – 06/21/2003	\$ 100		\$		\$
06/22/2003 – 06/28/2003	\$ 100		\$		\$
06/29/2003 – 07/05/2003	\$ 100		\$		\$

Nombre de la persona que trabajó

Delia Diaz

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI NO

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántos horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" bajo "Ingreso Bruto sin deducciones" y explique en la Sección 9. **ENVIE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.****NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.****SIGA EN LA PAGINA 3****Baez Chart 6/02-3/04
CR0079**

SECCIÓN 4 – OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☐ su cónyuge;
- ☐ el padrastro o madrastra de sus niños;
- ☐ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

CIRCULE LA RESPUESTA

- Seguro Social SI NO ☒
- SSI SI NO ☒
- Compensación por Desempleo SI NO ☒
- Beneficios de Veterano SI NO ☒
- Pagos de Seguro SI NO ☒
- Ingreso de ex-esposo(a), Parientes o amigos SI NO ☒
- Pago por manutención de niños: SI NO ☒
 ¿Para quien? _____
- Compensación por Accidente de Trabajo SI NO ☒
- Becas o préstamos Educativos SI NO ☒
- Cualquier otra pensión o beneficios SI NO ☒
- De su propio negocio SI NO ☒
- Ingreso por Alquiler SI NO ☒
- Otra trabajo por su cuenta SI NO ☒
- Cualquier otro ingreso: SI NO ☒
 ¿Tipo de ingreso? _____

(No incluir pagos de manutención hechos directamente al Departamento.)

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 4

**Baez Chart 6/02-3/04
CR0080**

SECCIÓN 5 - BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTASI NO ☒

Si está usted embarazada, incluya también a su esposo y a sus hijos menores de 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DIÁS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 - GASTOS DE VIVIENDA, LUZ, GAS, ETC.**LLENE SI RECIBE CUPONES PARA ALIMENTOS.**

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elegible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 238
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ _____
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ _____

CIRCULE LA RESPUESTASI NO ☒SI NO ☒SI NO ☒SI NO ☒

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 - GASTOS MÉDICO**LLENE SI RECIBE CUPONES DE ALIMENTOS****CIRCULE LA RESPUESTA**

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

SI NO ☒

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 - SEGURO MÉDICO**LLENE SI RECIBE CHEQUES DE ASISTENCIA.****CIRCULE LA RESPUESTA**

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

SI NO ☒

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

SI NO ☒

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

Baez Chart 6/02-3/04

CR0081

SECCIÓN 9 - COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME


Entiendo que:

- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmente, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Ademas podra ser sometido a las consecuencias de otras leyes pertinentes.

Si no estoy de acuerdo con cualquier acción tomada como resultado de la información provista por mi en este formulario, tengo derecho a una audiencia de arbitraje.

Al firmar declaro que enteindo que las leyes federales y de Massachusetts proveen multas y/o prison a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.


FIRMA AQUI



FECHA

7/12/03

DELIA BAEZ


DORCHESTER, MA 02124-3051

A: Dorchester TAO - DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

**Baez Chart 6/02-3/04
CR0082**

J.O. Marin Zapata go
contar por lo tanto
Dela voz trabajo en mi
Restaurante deengando en
sueldo de \$100 mensual

Marin Zapata

14 A HAMCON ST
Santo Domingo Restaurant

90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De 07/08/2003 a 08/07/2003

Departamento de Asistencia Transicional de Massachusetts

SSN: [REDACTED]-3575
Dorchester TAO - DTA

DELIA BAEZ

DORCHESTER CENTER MA 02124-3051



08/18/2003

SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre	Delia Baez		
Dirección	[REDACTED]		
Ciudad	Boston	Estado	MA Area Postal 02124
Teléfono	(617) 825-5074		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry

Teléfono (617) 989-6012

Su informe mensual no se ha recibido, si usted no lo ha enviado, no completa esta forma y ahora no la envía.

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe **RECIBIR** este formulario del **08/29/2003**.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED]/1953 ¿viviendo en la casa?

C [REDACTED] E [REDACTED], [REDACTED]/1995 ¿viviendo en la casa?

B [REDACTED] B [REDACTED], [REDACTED]/1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

SI ☒ NO ☐
SI ☐ NO ☒
SI ☐ NO ☒

SIGA EN LA PAGINA 2

Baez Chart 6/02-3/04
CR0084

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS**SECCIÓN 2 – PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA****CIRCULE LA RESPUESTA**

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI ☒ NO

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentesco

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan enteramente independiente de esta(s) personas?

SI ☒ NO**SECCIÓN 3 – INGRESO DE TRABAJO****CIRCULE LA RESPUESTA**

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI ☒ NO

Si afirmativo, ¿con qué frecuencia le pagan (semanal, mensualmente, etc.)?

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños (semanal) mensualmente, etc.)?

Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
07/06/2003 – 07/12/2003	\$ 100		\$		\$
07/13/2003 – 07/19/2003	\$ 100		\$		\$
07/20/2003 – 07/26/2003	\$ 100		\$		\$
07/27/2003 – 08/02/2003	\$ 100		\$		\$

Nombre de la persona que trabajó

Delia Baez

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI ☒ NO

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántos horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" baja "Ingreso Bruto sin deducciones" y explique en la Sección 9. ENVIE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.**SIGA EN LA PAGINA 3****Baez Chart 6/02-3/04
CR0085**

SECCIÓN 4 – OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☐ su cónyuge;
- ☐ el padrastro o madrastra de sus niños;
- ☐ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

- Seguro Social
- SSI
- Compensación por Desempleo
- Beneficios de Veterano
- Pagos de Seguro
- Ingreso de ex-esposo(a), Parientes o amigos
- Pago por manutención de niños:
- ¿Para quien? [Handwritten signature]
- Compensación por Accidente de Trabajo
- Becas o préstamos Educativos
- Cualquier otra pensión o beneficios
- De su propio negocio
- Ingreso por Alquiler
- Otro trabajo por su cuenta
- Cualquier otro ingreso:

¿Tipo de ingreso? _____

(No incluir pagos de manutención hechos directamente al Departamento.)

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

CIRCULE LA RESPUESTA

SI ~~NO~~

(SI) NO

SI ~~NO~~

SI ~~NO~~

SI ~~NO~~

SI ~~NO~~

SI ~~NO~~

SI ~~NO~~

SI ~~NO~~

SI ~~NO~~

SI ~~NO~~

SI ~~NO~~

SI ~~NO~~

SI ~~NO~~

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 4

Baez Chart 6/02-3/04
CR0086

SECCIÓN 5 - BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTASI ☒ NO

Si está usted embarazada, incluya también a su esposo y a sus hijos menoresde 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DIÁS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 - GASTOS DE VIVIENDA, LUZ, GAS, ETC.**LLENE SI RECIBE CUPONES PARA ALIMENTOS.**

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elefible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 239
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ 239
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ 0

CIRCULE LA RESPUESTASI ☒ NOSI ☒ NOSI ☒ NOSI ☒ NO

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 - GASTOS MÉDICO**LLENE SI RECIBE CUPONES DE ALIMENTOS**CIRCULE LA RESPUESTA

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

SI ☒ NO

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 - SEGURO MÉDICO**LLENE SI RECIBE CHEQUES DE ASISTENCIA.**CIRCULE LA RESPUESTA

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

SI ☒ NOSI ☒ NO

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

Baez Chart 6/02-3/04
CR0087

SECCIÓN 9 – COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME

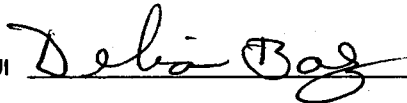
Entiendo que:

- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmente, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Además podra ser sometido a las consecuencias de otras leyes pertinentes.

Si no estoy de acuerdo con cualquier acción tomada como resultado de la información provista por mi en este formulario, tengo derecho a una audiencia de arbitraje.

Al firmar declaro que entiendo que las leyes federales y de Massachusetts proveen multas y/o prison a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.

FIRMA AQUI



FECHA

8/27/03

DELIA BAEZ


DORCHESTER, MA 02124-3051

A: Dorchester TAO – DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

**Baez Chart 6/02-3/04
CR0088**

8/27/03

yo marino Zapata certifica

que la Señora: Delia Baez

trabajo para mi en mi

Restaurante Santo Domingo Rest

ubicado en la calle Hoanek

#14 Dorchester Eastburg

un salario de \$100.00 Semanal

por 20 horas

att
Marino Zapata
tel: 617 719 9266

90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De 09/08/2003 a 10/07/2003

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ

DORCHESTER CENTER MA 02124-3051



SSN: [REDACTED] 3575
Dorchester TAO - DTA

10/02/2003

SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre <u>D</u>		
Dirección		
Ciudad	Estado	Area Postal
Teléfono <u>(617) 719 9262</u>		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) **Judith Barry**

Teléfono (617) 989-6012

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe RECIBIR este formulario del 10/20/2003.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED]/1953 ¿viviendo en la casa?

C. [REDACTED] B. [REDACTED], [REDACTED]/1995 ¿viviendo en la casa?

B. [REDACTED] B. [REDACTED], [REDACTED]/1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

SI ☒ NO

SI ☒ NO

SI ☒ NO

SIGA EN LA PAGINA 2

Baez Chart 6/02-3/04
CR0090

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS**SECCIÓN 2 – PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA****CIRCULE LA RESPUESTA**

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI NO ☒

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentesco

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan enteraente independiente de esta(s) personas?

SI NO

SECCIÓN 3 – INGRESO DE TRABAJO**CIRCULE LA RESPUESTA**

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI NO ☒

Si afirmativo, ¿con qué frecuencia le pagan (semanal, mensualmente, etc.)?

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños (semanal, mensualmente, etc.)?

Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
09/07/2003 – 09/13/2003	\$ 100		\$		\$
09/14/2003 – 09/20/2003	\$ 100		\$		\$
09/21/2003 – 09/27/2003	\$ 100		\$		\$
09/28/2003 – 10/04/2003	\$ 100		\$		\$

Nombre de la persona que trabajó

Delia Buz

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI NO ☒

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántos horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" baja "Ingreso Bruto sin deducciones" y explique en la Sección 9. **ENVIE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.****NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.****SIGA EN LA PAGINA 3****Baez Chart 6/02-3/04
CR0091**

SECCIÓN 4 – OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☐ su cónyuge;
- ☐ el padrastro o madrastra de sus niños;
- ☐ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

- Seguro Social
- SSI
- Compensación por Desempleo
- Beneficios de Veterano
- Pagos de Seguro
- Ingreso de ex-esposo(a), Parientes o amigos
- Pago por manutención de niños:

¿Para quien? _____

- Compensación por Accidente de Trabajo
- Becas o préstamos Educativos
- Cualquier otra pensión o beneficios
- De su propio negocio
- Ingreso por Alquiler
- Otra trabajo por su cuenta
- Cualquier otro ingreso:

¿Tipo de ingreso? _____

(No incluir pagos de manutención hechos directamente al Departamento.)

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad
<i>Dolores Baez</i>		<i>mensual</i>	<i>1100.00</i>

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

CIRCULE LA RESPUESTA

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 4

Baez Chart 6/02-3/04
CR0092

SECCIÓN 5 – BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTASI ☒ NO ☒

Si está usted embarazada, incluya también a su esposo y a sus hijos menores de 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DÍAS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 – GASTOS DE VIVIENDA, LUZ, GAS, ETC.**LLENE SI RECIBE CUPONES PARA ALIMENTOS.**

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elegible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 238
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ 238
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ 0

CIRCULE LA RESPUESTASI ☒ NO ☒SI ☒ NO ☒SI ☒ NO ☒SI ☒ NO ☒

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 – GASTOS MÉDICO**LLENE SI RECIBE CUPONES DE ALIMENTOS**CIRCULE LA RESPUESTA

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

SI ☒ NO ☒

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 – SEGURO MÉDICO**LLENE SI RECIBE CHEQUES DE ASISTENCIA.**CIRCULE LA RESPUESTA

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

SI ☒ NO ☒

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

SI ☒ NO ☒

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

Baez Chart 6/02-3/04

CR0093

SECCIÓN 9 – COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME

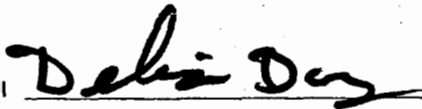
Entiendo que:

- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmente, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Ademas podra ser sometido a las consecuencias de otras leyes pertinentes.

Si no estoy de acuerdo con cualquier acción tomada como resultado de la información provista por mi en este formulario, tengo derecho a una audiencia de arbitraje.

Al firmar declaro que entiendo que las leyes federales y de Massachusetts proveen multas y/o prison a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.

FIRMA AQUI



FECHA

10/15/03

DELIA BAEZ

DORCHESTER, MA 02124-3051

A: Dorchester TAO – DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

Baez Chart 6/02-3/04
CR0094

10/15/03

yo Marino Zapata,
certifico que la Sra Delia Baez
trabajo para mi en mi Restaurante
Santo Domingo Restaurant.

Ubicada en la Calle Hooek St
#14 Archerter un horario de
20 hora semanal con un salario
de \$100 Dolar semana

att

Marino Zapata

tel 612 7199263

90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De 10/08/2003 a 11/07/2003

12-9-03
Entered
MD

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ

DORCHESTER CENTER MA 02124-3051



SSN: [REDACTED]-3575
Dorchester TAO - DTA

11/18/2003

SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre		
Dirección		
Ciudad	Estado	Area Postal
Teléfono 617 719 9262		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry

Teléfono (617) 989-6012

Su informe mensual no se ha recibido, si usted no lo ha enviado, no completa esta forma y ahora no la envía.

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe **RECIBIR** este formulario del **12/01/2003**.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED] 1953 ¿viviendo en la casa?

[REDACTED] B [REDACTED], [REDACTED] 1995 ¿viviendo en la casa?

B [REDACTED] B [REDACTED], [REDACTED] 1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

SI NO

SI NO

SI NO

SIGA EN LA PAGINA 2

Baez Chart 6/02-3/04
CR0096

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS**SECCIÓN 2 - PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA****CIRCULE LA RESPUESTA**

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI NO

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentesco
<i>Jair Alexander</i>	<i>10-20-03</i>		<i>10-17-03</i>	<i>nieto</i>

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan enteraente independiente de esta(s) personas?

SI **NO****SECCIÓN 3 - INGRESO DE TRABAJO****CIRCULE LA RESPUESTA**

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI NO

Si afirmativo, ¿con qué frecuencia le pagan (semanal, mensualmente, etc.)?

Semanal

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños (semanal, mensualmente, etc.)?

Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
10/05/2003 - 10/11/2003	\$ <i>100</i>	_____	\$ _____	_____	\$ _____
10/12/2003 - 10/18/2003	\$ <i>100</i>	_____	\$ _____	_____	\$ _____
10/19/2003 - 10/25/2003	\$ <i>100</i>	_____	\$ _____	_____	\$ _____
10/26/2003 - 11/01/2003	\$ <i>100</i>	_____	\$ _____	_____	\$ _____

Nombre de la persona que trabajó _____

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI NO

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántos horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" bajo "Ingreso Bruto sin deducciones" y explique en la Sección 9. **ENVIE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.****NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.****SIGA EN LA PAGINA 3****Baez Chart 6/02-3/04
CR0097**

SECCIÓN 4 – OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☐ su cónyuge;
- ☐ el padrastro o madrastra de sus niños;
- ☐ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

CIRCULE LA RESPUESTA

- Seguro Social
- SSI
- Compensación por Desempleo
- Beneficios de Veterano
- Pagos de Seguro
- Ingreso de ex-esposo(a), Parientes o amigos
- Pago por manutención de niños:
- ¿Para quien? _____
- Compensación por Accidente de Trabajo
- Becas o préstamos Educativos
- Cualquier otra pensión o beneficios
- De su propio negocio
- Ingreso por Alquiler
- Otro trabajo por su cuenta
- Cualquier otro ingreso:

SI NO

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

¿Tipo de ingreso? _____

(No incluir pagos de manutención hechos directamente al Departamento.)

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 4

**Baez Chart 6/02-3/04
CR0098**

SECCIÓN 5 – BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTASI ☒ NO

Si está usted embarazada, incluya también a su esposo y a sus hijos menoresde 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DÍAS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 – GASTOS DE VIVIENDA, LUZ, GAS, ETC.**LLENE SI RECIBE CUPONES PARA ALIMENTOS.**

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elefible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 238
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ 238
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ _____

CIRCULE LA RESPUESTASI ☒ NOSI ☒ NOSI ☒ NOSI ☒ NO

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 – GASTOS MÉDICO**LLENE SI RECIBE CUPONES DE ALIMENTOS****CIRCULE LA RESPUESTA**

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

SI ☒ NO

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 – SEGURO MÉDICO**LLENE SI RECIBE CHEQUES DE ASISTENCIA.****CIRCULE LA RESPUESTA**

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

SI ☒ NO

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

SI ☒ NO

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

**Baez Chart 6/02-3/04
CR0099**

SECCIÓN 9 - COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME

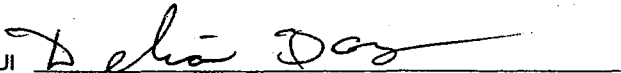
Entiendo que:

- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmente, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Ademas podra ser sometido a las consecuencias de otras leyes pertinentes.

Si no estoy de acuerdo con cualquier acción tomada como resultado de la información provista por mi en este formulario, tengo derecho a una audiencia de arbitraje.

Al firmar declaro que entiendo que las leyes federales y de Massachusetts proveen multas y/o prison a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.

FIRMA AQUI



FECHA

11/22/03

DELIA BAEZ


DORCHESTER, MA 02124-3051

A: Dorchester TAO - DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

Baez Chart 6/02-3/04
CR0100

yo, Marino Zapata, Proprietario del
Restaurante Santo Domingo Unido
en el 14 Homestead St Dorchester certifico
que la Sra Delia Baez trabajo 20
hora Semanal cobrando \$100.00 Dolar
Por semana en el Restaurante de mi
Propiedad.

att
Marino Zapata
Tel 617 719 9262

Use the Calculate button to determine a new EBC result.

010-74-3575

Benefit Date	Program	Status	Date	Sub Type	Date	Grantee	Status	Benefit	Entered	Reason	Benefit B	Calculate
01/08/2004	TAFOC	Active	01/15/2004	Basic	01/15/2004	DELIA BAEZ	Active	388.00	01/15/2004		01/08/20	
01/08/2004	F5	Active	01/15/2004	PA	01/15/2004	DELIA BAEZ	Active	100.00	01/15/2004		01/08/20	

Select

AU Members

Financial

Updates

Benefit Effective Date:

Update

Reevaluation Start Date:

Reevaluation End Date:

Reevaluation Type:

Monthly Reporter:

Yes No

Waive Pending Period:

Suppress Notice:

Suppress Appeals Language:

*Released
1/15/04
R. H. Hines*

*Judy [HR sent 1-20-04] 1/15/04
When case closes
for M.R. you
need to have client
fill out 2 M.R.S.
Please send 2nd
M.R. to her ASAP.
You also checked aft*

*this wrong weeks
in the employment
window which I
corrected. weeks
should correspond to
M-R you are
submitting.*

Phil

90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De 11/08/2003 a 12/07/2003

Received
Entered 1-15-04

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ
[REDACTED]
DORCHESTER, MA 02124-3051

SSN: [REDACTED] 3575
Dorchester TAO - DTA

12/18/2003

SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre	Delia Baez		
Dirección	[REDACTED]		
Ciudad	Dorchester	Estado	MA
Área Postal	02124		
Teléfono	617 7199262		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry

Teléfono (617) 989-6012

Su informe mensual no se ha recibido, si usted no lo ha enviado, no completa esta forma y ahora no la envía.

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe **RECIBIR** este formulario del **12/29/2003**.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE
JOSE GERONIMO, [REDACTED]/1953 ¿viviendo en la casa?
C. [REDACTED] B. [REDACTED] 1995 ¿viviendo en la casa?
B. [REDACTED] B. [REDACTED], [REDACTED]/1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

SI NO
SI NO
SI NO

SIGA EN LA PAGINA 2

Baez Chart 6/02-3/04
CR0103

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS
SECCIÓN 2 - PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA

CIRCULE LA RESPUESTA

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI NO

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentesco
Margaret R. Wero	11/10/03	no	6-09-33	MOTHER

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan enteraente independiente de esta(s) personas?

SI NO

SECCIÓN 3 - INGRESO DE TRABAJO

CIRCULE LA RESPUESTA

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI NO

Si afirmativo, ¿con qué frecuencia le pagan

(semanal, mensualmente, etc.)?

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños

(semanal, mensualmente, etc.)?

Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
11/02/2003 - 11/08/2003	\$ 100	_____	\$ 100	_____	\$ _____
11/09/2003 - 11/15/2003	\$ 100	_____	\$ 100	_____	\$ _____
11/16/2003 - 11/22/2003	\$ 100	_____	\$ 100	_____	\$ _____
11/23/2003 - 11/29/2003	\$ 100	_____	\$ 100	_____	\$ _____
11/30/2003 - 12/06/2003	\$ 100	_____	\$ 100	_____	\$ _____

Nombre de la persona que trabajó

Debra Baez

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI NO

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántos horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" bajo "Ingreso Bruto sin deducciones" y explique en la Sección 9. ENVIE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 3

Baez Chart 6/02-3/04
CR0104

SECCIÓN 4 - OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☐ su cónyuge;
- ☐ el padrastro o madrastra de sus niños;
- ☒ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

CIRCULE LA RESPUESTA

- Seguro Social
- SSI
- Compensación por Desempleo
- Beneficios de Veterano
- Pagos de Seguro
- Ingreso de ex-esposo(a), Parientes o amigos
- Pago por manutención de niños:
- ¿Para quien? _____
- Compensación por Accidente de Trabajo
- Becas o préstamos Educativos
- Cualquier otra pensión o beneficios
- De su propio negocio
- Ingreso por Alquiler
- Otro trabajo por su cuenta
- Cualquier otro ingreso:

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

SI NO ☒

¿Tipo de ingreso? _____

(No incluir pagos de manutención hechos directamente al Departamento.)

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.
SIGA EN LA PAGINA 4

**Baez Chart 6/02-3/04
CR0105**

SECCIÓN 5 - BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTA

SI NO

Si está usted embarazada, incluya también a su esposo y a sus hijos menores de 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DÍAS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 - GASTOS DE VIVIENDA, LUZ, GAS, ETC.

LLENE SI RECIBE CUPONES PARA ALIMENTOS.

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elefible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 238
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ 238
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ 0

CIRCULE LA RESPUESTA

SI NO

SI NO

SI NO

SI NO

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 - GASTOS MÉDICO

LLENE SI RECIBE CUPONES DE ALIMENTOS

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

CIRCULE LA RESPUESTA

SI NO

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 - SEGURO MÉDICO

LLENE SI RECIBE CHEQUES DE ASISTENCIA.

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

CIRCULE LA RESPUESTA

SI NO

SI NO

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

SECCIÓN 9 - COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME

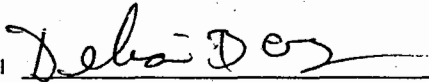
Entiendo que:

- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmente, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Ademas podra ser sometido a las consecuencias de otras leyes pertinentes.

Si no estoy de acuerdo con cualquier acción tomada como resultado de la información provista por mí en este formulario, tengo derecho a una audiencia de arbitraje.

Al firmar declaro que entiendo que las leyes federales y de Massachusetts proveen multas y/o prison a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.

FIRMA AQUÍ



FECHA

01/15/04

DELIA BAEZ

DORCHESTER, MA 02124-3051

A: Dorchester TAO - DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

Baez Chart 6/02-3/04
CR0107

Tuesday, January 13, 2004

Page 5 of 5

12/12/03
Jo Marine Zefato
ago contar pre lo vñore
Delia Baez Trabaja en
mi Restaurant de engabo
un sueldo de \$100 dolars
Pa la semana
abente next
Marine Zefato

11 / 10 / 03

yo Mario Zafato

ago contar que la señora
Dalia Baez trabajo en mí

Restaurante ubicado en
Dorchester # 14A de la HANCOX
St

desempeñando sueldo anual
de \$100 dólares

atenta mente Mario Zafato

90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De 11/08/2003 a 12/07/2003

entred

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ

DORCHESTER, MA 02124-3051

SSN: [REDACTED]-3575
Dorchester TAO - DTA

1-18-04
~~12/18/2003~~

SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre		
Dirección		
Ciudad	Estado	Area Postal
Teléfono (617) 719 9262		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry

Teléfono (617) 989-6012

Su informe mensual no se ha recibido, si usted no lo ha enviado, no completa esta forma y ahora no la envía.

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe RECIBIR este formulario del 12/29/2003.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED]/1953 ¿viviendo en la casa?
C. [REDACTED] B. [REDACTED], [REDACTED] 1995 ¿viviendo en la casa?
B. [REDACTED] B. [REDACTED], [REDACTED] 1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

SI ~~NO~~
SI ~~NO~~
SI ~~NO~~

SIGA EN LA PAGINA 2

Baez Chart 6/02-3/04
CR0110

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS
SECCIÓN 2 - PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA

CIRCULE LA RESPUESTA

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI NO

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentesco

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan enteramente independiente de esta(s) personas?

SI NO

SECCIÓN 3 - INGRESO DE TRABAJO

CIRCULE LA RESPUESTA

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI NO

Si afirmativo, ¿con qué frecuencia le pagan

(semanal, mensualmente, etc.)?

semanal

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños

(semanal, mensualmente, etc.)?

Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
11/02/2003 - 11/08/2003 12-13-03	\$ 100		\$		\$
11/09/2003 - 11/15/2003 12-20-03	\$ 100		\$		\$
11/16/2003 - 11/22/2003 12-27-03	\$ 100		\$		\$
11/23/2003 - 11/29/2003 1-2-04	\$ 100		\$		\$
11/30/2003 - 12/06/2003 1-2-04	\$ 100		\$		\$

Nombre de la persona que trabajó

Delia Baez

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI NO

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántas horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" bajo "Ingreso Bruto sin deducciones" y explique en la Sección 9. **ENVIE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.**

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 3

Baez Chart 6/02-3/04
CR0111

SECCIÓN 4 - OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☒ su cónyuge;
- ☐ el padrastro o madrastra de sus niños;
- ☐ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

CIRCULE LA RESPUESTA

- Seguro Social
- SSI
- Compensación por Desempleo
- Beneficios de Veterano
- Pagos de Seguro
- Ingreso de ex-esposo(a), Parientes o amigos
- Pago por manutención de niños:
- ¿Para quien? _____
- Compensación por Accidente de Trabajo
- Becas o préstamos Educativos
- Cualquier otra pensión o beneficios
- De su propio negocio
- Ingreso por Alquiler
- Otra trabajo por su cuenta
- Cualquier otro ingreso:

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

SI NO ✓

¿Tipo de ingreso? _____

(No incluir pagos de manutención hechos directamente al Departamento.)

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.
SIGA EN LA PAGINA 4

**Baez Chart 6/02-3/04
CR0112**

SECCIÓN 5 - BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTA

SI ☒ NO ☒

Si está usted embarazada, incluya también a su esposo y a sus hijos menoresde 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DÍAS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 - GASTOS DE VIVIENDA, LUZ, GAS, ETC.

LLENE SI RECIBE CUPONES PARA ALIMENTOS.

Si se MUDÓ durante el mes pasado; DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elefible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 238
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ 238
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ _____

CIRCULE LA RESPUESTA

SI ☒ NO ☒SI ☒ NO ☒SI ☒ NO ☒SI ☒ NO ☒

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 - GASTOS MÉDICO

LLENE SI RECIBE CUPONES DE ALIMENTOS

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

CIRCULE LA RESPUESTA

SI ☒ NO ☒

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 - SEGURO MÉDICO

LLENE SI RECIBE CHEQUES DE ASISTENCIA.

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

CIRCULE LA RESPUESTA

SI ☒ NO ☒SI ☒ NO ☒

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

Baez Chart 6/02-3/04
CR0113

SECCIÓN 9 - COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME


Entiendo que:

- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmente, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Además podra ser sometido a las consecuencias de otras leyes pertinentes.

Si no estoy de acuerdo con cualquier acción tomada como resultado de la información provista por mí en este formulario, tengo derecho a una audiencia de arbitraje.

Al firmar declaro que entiendo que las leyes federales y de Massachusetts proveen multas y/o prisión a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.

FIRMA AQUÍ



FECHA 02/01/04

DELIA BAEZ


DORCHESTER, MA 02124-3051

A: Dorchester TAO - DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

Baez Chart 6/02-3/04
CR0114

Tuesday, January 20, 2004

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90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De 12/08/2003 a 01/07/2004

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ

DORCHESTER CENTER MA 02124-3051

|||||

SSN: [REDACTED]-3575
Dorchester TAO - DTA

01/20/2004

SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre		
Dirección		
Ciudad	Estado	Area Postal
Teléfono ()		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry

Teléfono (617) 989-6012

Su informe mensual no se ha recibido, si usted no lo ha enviado, no completa esta forma y ahora no la envía.

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe **RECIBIR** este formulario del **02/02/2004**.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 - PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED] 1953 ¿viviendo en la casa?

C [REDACTED] B [REDACTED] 1995 ¿viviendo en la casa?

B [REDACTED] B [REDACTED] 1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

SI NO

SI NO

SI NO

SIGA EN LA PAGINA 2

**Baez Chart 6/02-3/04
CR0115**

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS**SECCIÓN 2 – PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA****CIRCULE LA RESPUESTA**

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI ☒ NO

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentesco

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan enteramente independiente de esta(s) personas?

SI ☒ NO**SECCIÓN 3 – INGRESO DE TRABAJO****CIRCULE LA RESPUESTA**

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

SI ☒ NO

Si afirmativo, ¿con qué frecuencia le pagan (semanal, mensualmente, etc.)?

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños (semanal, mensualmente, etc.)?

Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
12/07/2003 – 12/13/2003	\$ 100		\$		\$
12/14/2003 – 12/20/2003	\$ 100		\$		\$
12/21/2003 – 12/27/2003	\$ 100		\$		\$
12/28/2003 – 01/03/2004	\$ 100		\$		\$

Nombre de la persona que trabajó _____

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI ☒ NO

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántos horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" bajo "Ingreso Bruto sin deducciones" y explique en la Sección 9. ENVÍE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.**NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.****SIGA EN LA PAGINA 3****Baez Chart 6/02-3/04
CR0116**

SECCIÓN 4 – OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☐ su cónyuge;
- ☐ el padrastro o madrastra de sus niños;
- ☐ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

- Seguro Social
- SSI
- Compensación por Desempleo
- Beneficios de Veterano
- Pagos de Seguro
- Ingreso de ex-esposo(a), Parientes o amigos
- Pago por manutención de niños:
- ¿Para quien? _____
- Compensación por Accidente de Trabajo
- Becas o préstamos Educativos
- Cualquier otra pensión o beneficios
- De su propio negocio
- Ingreso por Alquiler
- Otro trabajo por su cuenta
- Cualquier otro ingreso:

¿Tipo de ingreso? _____

(No incluir pagos de manutención hechos directamente al Departamento.)

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

CIRCULE LA RESPUESTA

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

SI NO

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 4

**Baez Chart 6/02-3/04
CR0117**

SECCIÓN 5 - BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTASI ☒ NO

Si está usted embarazada, incluya también a su esposo y a sus hijos menoresde 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DÍAS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 - GASTOS DE VIVIENDA, LUZ, GAS, ETC.**LLENE SI RECIBE CUPONES PARA ALIMENTOS.**

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elefible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 238
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ 238
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ _____

CIRCULE LA RESPUESTASI ☒ NOSI ☒ NOSI ☒ NOSI ☒ NO

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 - GASTOS MÉDICO**LLENE SI RECIBE CUPONES DE ALIMENTOS****CIRCULE LA RESPUESTA**

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

SI ☒ NO

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 - SEGURO MÉDICO**LLENE SI RECIBE CHEQUES DE ASISTENCIA.****CIRCULE LA RESPUESTA**

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

SI ☒ NO

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

SI ☒ NO

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

Baez Chart 6/02-3/04
CR0118

SECCIÓN 9 - COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME

Entiendo que:

- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmente, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Ademas podra ser sometido a las consecuencias de otras leyes pertinentes.

Si no estoy de acuerdo con cualquier acción tomada como resultado de la información provista por mi en este formulario, tengo derecho a una audiencia de arbitraje.

Al firmar declaro que entiendo que las leyes federales y de Massachusetts proveen multas y/o prison a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.

FIRMA AQUI

Delia Baez

FECHA

02/02/04

DELIA BAEZ

DORCHESTER, MA 02124-3051

A: Dorchester TAO - DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

Baez Chart 6/02-3/04
CR0119

1-28-04

yo marino Zapata,
Propietario del Restaurante
Santo Domingo H 14 Hancock St
Dorchester Dctficio que la
Señora: Delia Baez,
trabajo 20 hora semana
con un salario de \$100.00
Dolare por semana

att
marino Zapata
tel: 617 7199262

90 Washington ST.
Dorchester, MA 02121

SU INFORME MENSUAL
De 01/08/2004 a 02/07/2004

Handwritten: Baez Chart 6/02-3/04

Departamento de Asistencia Transicional de Massachusetts

DELIA BAEZ

SSN: [REDACTED]-3575
Dorchester TAO - DTA

DORCHESTER CENTER MA 02124-3051

|||||

02/18/2004

SI HA CAMBIADO, su nombre, dirección o teléfono
COMPLETE, por favor, lo siguiente:

Nombre		
Dirección		
Ciudad	Estado	Area Postal
Teléfono ()		

SI SE MUDA, ENVIE RECIBO NUEVO DE ALQUILER

Su Trabajador(a) Judith Barry

Teléfono (617) 989-6012

Su informe mensual no se ha recibido, si usted no lo ha enviado, no completa esta forma y ahora no la envía.

LLENE, FIRME Y DEVUELA (PARA AYUDA ADICIONAL LLAME AL 1-800-445-6604)

Su oficina de Asistencia Transicional local debe **RECIBIR** este formulario del **03/01/2004**.

EL NO LLENAR Y DEVOLVER ESTE FORMULARIO A TIEMPO PUEDE CAUSARLE LA PERDIDA DE SUS BENEFICIOS. Su BENEFICIOS DE DINERO EN EFECTIVO y/o la cantidad de sus BENEFICIOS DE CUPONES DE ALIMENTOS estaran basadas en la información que no provea.

Asegurese de **CONTESTAR TODAS LAS PREGUNTAS.**

SECCIÓN 1 – PERSONAS CUBIERTAS POR SU BENEFICIOS DE DINERO EN EFECTIVO Y/O BENEFICIOS DE CUPONES DE ALIMENTOS

NOMBRE

JOSE GERONIMO, [REDACTED] 1953 ¿viviendo en la casa?

C [REDACTED] B [REDACTED], [REDACTED] 1995 ¿viviendo en la casa?

B [REDACTED] B [REDACTED], [REDACTED] 1997 ¿viviendo en la casa?

CIRCULE LA RESPUESTA

SI NO
SI NO
SI NO

SIGA EN LA PAGINA 2

**Baez Chart 6/02-3/04
CR0121**

USE LA SECCIÓN 9 SI NECESITA MÁS ESPACIO PARA SUS RESPUESTAS**SECCIÓN 2 – PERSONAS QUE SE MUDARON A SU CASA O SALIERON DE ELLA****CIRCULE LA RESPUESTA**

¿Se mudó alguien a su casa (incluyendo recién nacidos) o salió alguien de ella durante el último mes?

SI NO

Si afirmativo, llene las casillas.

Nombre	Fecha de entrada	Fecha de salida	Fecha de nacimiento	Parentesco

¿Los miembros de su unidad de asistencia que reciben Cupones para Alimentos, los obtienen y/o los preparan enteramente independiente de esta(s) personas?

SI **(NO)****SECCIÓN 3 – INGRESO DE TRABAJO****CIRCULE LA RESPUESTA**

Usted o alguna de las personas que aparecen en las secciones 1 y 4 ¿trabajó durante el mes pasado?

(SI) NO

Si afirmativo, ¿con qué frecuencia le pagan (semanal, mensualmente, etc.)?

Si afirmativo, ¿con qué frecuencia paga por el cuidado de niños (semanal, mensualmente, etc.)?

Si afirmativo, favor de enviar los desprendibles de los cheques **RECIBIDOS** durante la semana:

Fecha De a	Ingreso Bruto sin deducciones	Fecha de recibo	Propinas no incluidas en el Ingreso Bruto	Número de horas de trabajo	Gastos por cuidado de niños
01/04/2004 – 01/10/2004	\$ <u>100</u>	_____	\$ _____	_____	\$ _____
01/11/2004 – 01/17/2004	\$ <u>100</u>	_____	\$ _____	_____	\$ _____
01/18/2004 – 01/24/2004	\$ <u>100</u>	_____	\$ _____	_____	\$ _____
01/25/2004 – 01/31/2004	\$ <u>100</u>	_____	\$ _____	_____	\$ _____
02/01/2004 – 02/07/2004	\$ <u>100</u>	_____	\$ _____	_____	\$ _____

Nombre de la persona que trabajó _____

Si hay más de una persona trabajando, dé la misma información para las mismas fechas en la Sección 9.

CIRCULE LA RESPUESTA

¿Dejó de trabajar esta persona el mes pasado?

SI NO

Por cada persona que trabaje, envíe todos los desprendibles de los cheques junto con este formulario. Si no puede conseguirlos, pida a su empleador que le escriba una carta diciendo cuánto gana y cuántos horas trabaja.

Si la(s) persona(s) que trabaja(n) no recibieron ingreso alguno durante alguna de las semanas arriba indicadas, escriba "Ninguno" bajo "Ingreso Bruto sin deducciones" y explique en la Sección 9. **ENVIE PRUEBA DE LOS GASTOS POR CUIDA DE NIÑOS.****NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.****SIGA EN LA PAGINA 3****Baez Chart 6/02-3/04****CR0122**

SECCIÓN 4 – OTROS INGRESOS Y POSESIONES

¿Usted o alguna de las personas que aparecen en la Sección 1 o alguno de los siguientes miembros de su hogar:

- ☐ su cónyuge;
- ☐ el padrastro o madrastra de sus niños;
- ☐ sus padres, en el caso de que usted sea padre o madre menor de edad;
- ☐ si usted está embarazada, cualquiera de sus hijos menores de 18 años, y/o los hermanos del niño que espera,

recibió alguno de los siguientes tipos de ingreso durante el mes pasado?

- Seguro Social
- SSI
- Compensación por Desempleo
- Beneficios de Veterano
- Pagos de Seguro
- Ingreso de ex-esposo(a), Parientes o amigos
- Pago por manutención de niños:

¿Para quien? _____

- Compensación por Accidente de Trabajo
- Becas o préstamos Educativos
- Cualquier otra pensión o beneficios
- De su propio negocio
- Ingreso por Alquiler
- Otro trabajo por su cuenta
- Cualquier otro ingreso:

¿Tipo de ingreso? _____

(No incluir pagos de manutención hechos directamente al Departamento.)

Si afirmativo, llene las siguientes casillas.

Nombre de la Persona	Relación	Tipo de ingreso Cada cuánto lo recibe	Cantidad

FAVOR DE ENVIAR PRUEBA, si se trata de nuevo ingreso o si cambió en el mes pasado.

CIRCULE LA RESPUESTA

SI ☒ NO

SI ☒ NO

SI ☒ NO

SI ☒ NO

SI ☒ NO

SI ☒ NO

SI ☒ NO

SI ☒ NO

SI ☒ NO

SI ☒ NO

SI ☒ NO

SI ☒ NO

SI ☒ NO

SI ☒ NO

SI ☒ NO

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 4

**Baez Chart 6/02-3/04
CR0123**

SECCIÓN 5 – BIENES

¿Tiene usted y/o alguien cubierto por su cheque de asistencia o Cupones de Alimentos cuentas de banco, dinero a la mano, bonos o acciones, u otros bienes que sumen mas de \$2,500?

CIRCULE LA RESPUESTASI ☒ NO

Si está usted embarazada, incluya también a su esposo y a sus hijos menoresde 18 años que vivan con usted.

Si afirmativo, ¿cuánto suman los bienes de cada miembro de la familia?

Nombre	Relación	Total de bienes
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SI USTED O ALGUIEN CUBIERTO POR SU CHEQUE DE ASISTENCIA O CUPONES DE ALIMENTOS ESPERA CAMBIOS EN LA INFORMACIÓN PROVISTA DENTRO DE LOS PROXIMOS 30 DIÁS, UTILICE LA SECCIÓN 9 PARA DECIRNOS CUALES SERAN Y CUANDO ESPERA QUE CURRAN.

SECCIÓN 6 – GASTOS DE VIVIENDA, LUZ, GAS, ETC.**LLENE SI RECIBE CUPONES PARA ALIMENTOS.**

Si se MUDÓ durante el mes pasado, DEBE contestar las siguientes preguntas. Si no, puede usar esta sección para informar los cambios en los gastos en su alquiler, hipoteca o gastos de electricidad, gas, etc. Si estos gastos aumentan, usted puede ser elefible para recibir un aumento en sus Cupones para Alimentos.

- ¿A cuánto asciende su alquiler o hipoteca? \$ 238
- ¿Del alquiler o hipoteca, ¿que cantidad tiene responsabilidad de pagar? \$ 238
- ¿Es usted responsable de pagar calefacción aparte de su alquiler?
- ¿Es usted responsable de pagar cualquier otro gasto (gas, luz, etc.) aparte de su alquiler?
- ¿Es su teléfono su único pago adicional?
- ¿Comparte usted los gastos de calefacción, luz, gas, etc., con otra familia que reciba Cupones de Alimentos?
- ¿Cuánto paga usted por gastos de calefacción luz, gas, etc.? \$ 0

CIRCULE LA RESPUESTASI ☒ NOSI ☒ NOSI ☒ NOSI ☒ NO

USTED SERA NOTIFICADO SI NECESITA ENVIARNOS ALGUNA PRUEBA

SECCIÓN 7 – GASTOS MÉDICO**LLENE SI RECIBE CUPONES DE ALIMENTOS****CIRCULE LA RESPUESTA**

¿Ha sido alguien de 60 años de edad o mas, o incapacitado hizo aumentar los gastos medicos desde el mes pasado?

SI ☒ NO

SI AFIRMATIVO, DOCUMENTE TODOS LOS GASTOS MÉDICOS, INCLUYENDO EL SEGURO MÉDICO.

SECCIÓN 8 – SEGURO MÉDICO**LLENE SI RECIBE CHEQUES DE ASISTENCIA.****CIRCULE LA RESPUESTA**

¿Tiene usted, o alguien cubierto bajo su cheque de asistencia, seguro médico?

SI ☒ NO

¿Es usted elegible para participar en un seguro médico con alguien más, ¿y no está utilizando?

SI ☒ NO

Llene las siguientes casillas, sólo si tiene un nuevo seguro, o si durante el mes pasado hubo algún cambio en la póliza.

Nombre del dueño del seguro Nombre(s) de la(s) persona(s) asegurada(s)	Nombre de la compañía aseguradora	Numero de póliza o Certificado Fecha en la que entra en vigencia

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

SIGA EN LA PAGINA 5

Baez Chart 6/02-3/04

CR0124

SECCIÓN 9 – COMENTARIOS

Use este espacio si necesita explicar cualquiera de sus respuestas.

LEA Y FIRME

Entiendo que:


- mi beneficios de dinero y/o beneficios de cupones de alimentos pueden cambiar o terminar debido a la información que provea en este formulario.
- alguno miembro de mi la unidad de asistencia comite una violación de las reglas de TAFDC intencionalmente, no podrá recibir asistencia durante un periodo de seis meses por la primer violación, doce meses por la segunda, y permanentemente por la tercera violación.
- alguno miembro de mi unidad de asistencia que reciben Cupones para Alimentos que intencionalmente no cumpla con cualquier de los reglamentos del Programa de Cupones para alimentos puede ser eliminado del programa por un año por la primer violación dos años por la segunda y permanentemente por la tercera violación. El individuo también podra ser multado hasta por \$10,000, sentenciado a prisión hasta por 5 años, o recibir ambas penas. La corte también podrá suspenderlo del programa de cupones para alimentos por 18 meses adicionales. Ademas podra ser sometido a las consecuencias de otras leyes pertinentes.

Si no estoy de acuerdo con cualquier acción tomada como resultado de la información provista por mi en este formulario, tengo derecho a una audiencia de arbitraje.

Al firmar declaro que entiendo que las leyes federales y de Massachusetts proveen multas y/o prison a cualquiera que fraudulentamente intente recibir beneficios a los cuales no tenga derecho.

FIRMA AQUI


DELIA BAEZ


DORCHESTER, MA 02124-3051

A: Dorchester TAO – DTA
90 Washington ST.
Dorchester, MA 02121

NO OLVIDE FIRMAR Y DEVOLVER EL INFORME MENSUAL A LA OFICINA DE ASISTENCIA TRANSICIONAL DE SU LOCALIDAD.

**Baez Chart 6/02-3/04
CR0125**

2-15-04

yo Marino Zapata,
certifico que la Señora
Delia Baez trabajó 20 horas
por semana en mi Restaurante
Santo Domingo ubicado en el
14 Hancock St Dorchester
con un salario de \$100.00
Dolares por semana

aff
Marino Zapata

Client: BAEZ, DELIA
Create Date: 02/11/2004
Worker: Barry Judith

REOPEN CASE-CLIENT WAS LATE RETURNING MR WITH WAGES

Reopened
2/12/04
[Signature]

Baez Chart 6/02-3/04
CR0127

ATTACHMENT 2

STATEMENTPlace: 600 Washington St. Boston, MA 02111Date and Time: July 5, 2005 1000

I, Christine Devries, make the following statement freely and voluntarily to Special Agent Chris Robinson, who has identified himself to me as a Special Agent of the Office of Inspector General, United States Department of Agriculture, knowing that this statement may be used in evidence.

My full name is Christine Devries. I reside at 308 Providence Rd. Lynnwood, MA. I am employed as a(n) Supervisor of and currently work at MOA for approximately 10 years. Fraud, Overpayment, Referral Screening Unit

I am the Supervisor of the Fraud, Overpayment, Referral Screening Unit of the Massachusetts Department of Transitional Assistance. I have been the Supervisor of this unit for approximately 10 years. I was provided with information by the Massachusetts Bureau of Special Investigations regarding Delia Baez and a time period of September 2002 through May 2004 of alleged fraud. I reviewed the overpayment calculation for Delia Baez and discovered that Baez received \$9,320 in Transitional Aid to Families with Dependant Children and \$2,962 in Food Stamps during the time period of September 2002 through May 2004. I was informed by Special Agent Robinson that the \$9,320 in Transitional Aid and the \$2,962 in Food Stamps were paid entirely with Federal funds. In total, Delia Baez received \$12,282 in overpayments in the form of Transitional Aid and Food Stamps from the Massachusetts Department of Transitional Assistance.

C.R.
C.D.

STATEMENT (Continuation)

I was able to determine these amounts based on records kept by the Massachusetts Department of Transitional Assistance Beacon Computer system.

I Christine Devries have read this statement consisting of 2 pages and it is true and correct. I have initialed each page and have been given the opportunity to make any corrections or additions.

I Christine Devries swear, under the penalty of perjury, that the foregoing statement is true and correct to the best of my knowledge, on this 5th day of July 2005.

Christine Devries

(Signature of Affiant)

07/05/2005
(Date)

1005
(Time)

Witness(es):

Chris Robinson
Special Agent, USDA-OIG

07/05/2005
(Date)

1005
(Time)

ATTACHMENT 3

STATEMENT

Place: 600 Washington St. Boston, MA 02111Date and Time: July 5, 2005. 0900

I, Patricia Purcell, make the following statement freely and voluntarily to Special Agent Chris Robinson, who has identified himself to me as a Special Agent of the Office of Inspector General, United States Department of Agriculture, knowing that this statement may be used in evidence.

My full name is Patricia Purcell. I reside at 15 Kingsbury St. Derry, NH 03038. I am employed as a(n) Program Coordinator and currently work at Office of for approximately 23 years. Medicaid, EOHHS

I have been a Program Coordinator for 23 years and a member Fraud Coordinator for approximately 3 years of the Office of Medicaid, Executive Office of Health and Human Services. In regard to Delia Baez, I was informed by the Massachusetts Bureau of Special Investigations that Baez was categorically ineligible for Transitional Aid to Families with Dependent Children benefits from September 2002 until May 2004. Because Baez was ineligible for TANF benefits, Baez was categorically ineligible for Mass Health Benefits. Upon review, payments were made on behalf of the Baez household totaling \$17,614, of which, half is paid for by the Federal Government totaling \$8,807. I was able to determine this amount based on the records kept by the Medicaid Management Information Systems Claims History for Delia Baez.

CR
PP

STATEMENT (Continuation)

[The body of the statement is crossed out with a large handwritten 'X'.]

I Patricia Purcell have read this statement consisting of 2 pages and it is true and correct. I have initialed each page and have been given the opportunity to make any corrections or additions.

I Patricia Purcell swear, under the penalty of perjury, that the foregoing statement is true and correct to the best of my knowledge, on this 5th day of July 2005.

Patricia Purcell
(Signature of Affiant)

07/05/2005
(Date)

0915
(Time)

Witness(es):

Chris Robinson
Special Agent, USDA-OIG

07/05/2005
(Date)

0915
(Time)

EXHIBIT 2

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

UNITED STATES OF AMERICA,)	
)	
Plaintiff)	
)	
v.)	Civil No. 05-10401-RCL
)	
)	
DELIA J. BAEZ,)	
)	
Defendant)	
_____)	

DECLARATION OF JOAN SHEA, BOSTON HOUSING AUTHORITY

I, Joan Shea, property manager and keeper of records for the Boston Housing Authority's Franklin Field development, do hereby state that the following is based on my personal knowledge and on the records within my custody.

1. On or about September 21, 2001, Defendant Delia Baez (Baez) moved into federally subsidized public housing owned and operated by the Boston Housing Authority (BHA), which is a public housing authority (PHA) created pursuant Mass.Gen.L. Ch. 121B, §1, et seq., to carry out the purposes of a PHA under the United States Housing Act of 1937, 42 U.S.C. §1437(d).

2. Before moving into public housing, Baez filed written applications to the BHA on several occasions, on BHA application forms requesting her income and assets.¹

¹ Applicants to and residents of public housing must prove economic eligibility for housing and also recertify their income and assets at least once a year. See, 42 U.S.C. §1437d(c)(2), 24 C.F.R. §§ 960.257 and 960.259, 24 C.F.R. § 966.4(c)(2) and 966.4(l)(2)(ii)(B) and (C), and 18 U.S.C. § 1001.

a. On or about July 14, 1998, Baez filed an application to the BHA representing that she had no income or assets, and that her family's income was limited to the \$200 weekly amount received by her boyfriend Jose Geronimo (Geronimo). She disclosed no assets.

b. On or about September 13, 1999, Baez applied to the BHA representing that her income was \$118 per week., and that Geronimo's income was \$200 per week. She disclosed no assets.

c. On or about November 30, 1999, Baez applied to the BHA representing that she had a weekly income of \$180 per week and that Geronimo's weekly income was \$125 per week. She disclosed no assets.

d. On or about January 25, 2000, Baez applied to the BHA representing that she received monthly income of \$531 (weekly income of \$123.49) from a welfare grant from the Massachusetts Department of Transitional Assistance (formerly the Department of Public Welfare) under the Temporary Aid to Needy Families program (TANF). She disclosed no assets.

e. On September 28, 2001, Baez represented to the BHA that her yearly family income was \$12,040. Of that, \$6,372 came from TANF (equaling a weekly income of \$122.54 [\$6,372 divided by 52 weeks]). The remainder, \$5,662 per year, was unemployment compensation (equaling weekly income of \$108.88 [\$5,662 divided by 52 weeks]). Again, she denied having any assets.

f. After Baez moved into public housing, she was required to recertify her income, assets, and other information periodically, so that the BHA could determine whether she continued to be eligible to live in public housing and, if so, determine what part of the rent she

was able to pay.

(i). On or about November 5, 2001, Baez filed a recertification form with the BHA, representing that her family income was \$6372 (equaling \$123 per week) from TANF. She disclosed no assets.

(ii). On or about June 15, 2002, Baez filed a recertification with the BHA representing that her family's yearly income was \$10,174, with \$4,656 in a grant from TANF and the remaining \$5,518 coming from the Social Security Administration in the form of a Supplemental Security Income (SSI) award to Geronimo. Together, these sources gave Baez a reported weekly income of \$195.65 (yearly grant from both TANF and SSI divided by 52 weeks). She disclosed no assets.

(iii). On or about November 12, 2002, Baez filed a recertification with the BHA representing that her family's yearly income was \$5892, a grant from TANF (equaling \$113 per week). She disclosed no assets.

(iv). On or about June 5, 2003, Baez filed a recertification with the BHA representing that her family's yearly income was \$4656, a grant from TANF, and \$5848 income from SSI. She disclosed that her assets consisted of \$31.

g. In her applications/recertifications, Baez represented that she was the head of household (HOH) with responsibility to support three to five children and grandchildren.

h. Baez' applications/recertifications are attached to this Declaration as Attachment 1.

5. Based on her representations, the BHA determined that Baez was eligible for public housing and on or about September 21, 2001, she was assigned to federally funded

housing located in the BHA's Franklin Field housing development (Franklin Field or development), which was a four bedroom apartment at 78 Ames Street, No. 1243, Dorchester, Massachusetts. Baez and her family lived there until some time in March 2004, and Geronimo lived there until sometime in April 2004.

6. Had Baez disclosed that she owned residential and/or commercial property and/or owned, controlled and/or earned or otherwise acquired substantial cash assets, the BHA would have determined that she was ineligible for public housing.² See 24 CFR § 960.201(a)(2) (no family which is not "low income" is entitled to admission to a PHA); also, 24 CFR § 5.609 (defines includible income for PHA eligibility, and specifically includes net profits from business ownership, withdrawal of income from such business, interest or withdrawal of cash or other assets from any investment, a portion of the value of all assets in excess of \$5,000, net income from real or personal property earnings, etc.)

7. In or about January 2004, before Baez and other members of her family vacated, the BHA filed an eviction (summary process) action against Baez in the Boston Housing Court, No. 04 SP 0029, for failure to report income and/or assets in violation of her BHA lease, sections 3, 9(B)(5), 9(B)(6), 9(B)(11) and 9(B)(12), as well as in violation of 18 U.S.C. § 1001 and the provisions of 24 CFR §§ 960.259 (a-c) and 257 (b-c), § 966.4(c)(2), and § 966.4(l)(2)(ii)(C) (all of these authorities require that applicants and tenants of public housing make truthful and accurate representations of income and assets not less than once per year, and on such other

² 24 C.F.R. § 5.528 provides that an ineligible tenant – i.e., one who gains or remains a PHA tenant based on misrepresentation of income – is liable to the United States Department of Housing and Urban Development (HUD) and must reimburse it for any assistance improperly paid.

occasions as may be necessary to verify income and assets.

8. In late September 2001, when Baez moved into her apartment at Franklin Field, the fair market value (FMR) for a four bedroom unit in the greater Boston (Massachusetts) region was \$1,437.00 per month. Beginning October 1, 2001, the FMR for the next 12 months (fiscal year 2002) increased to \$1,835. Baez's assigned, prorated rent for September 2001 was \$25.50, and that month will not be included in this declaration of damages because she lived there for less than two weeks. In October 2001, however, her rent was \$255/mo. In November 2001, Baez claimed a reduction in income and asked for a recalculation of her rent, which BHA approved and set her rent at \$123 per month. The rent remained at that figure through August 2002. In September 2002, Baez's rent increased to \$636 per month, but she paid only \$123.00.

9. Therefore, for the 12-month period commencing with her move in date of September 21, 2001, defendant's total assigned rent was \$2,146.50. She made total payments of \$1,633.50. However, the FMR from October 2001 - through September 2002 was \$1,835 per month, totaling for the period an FMR obligation of \$20,185.00 (12 times \$1,835.00). Therefore, the difference between the FMR and defendant's rental obligation was \$18,038.50. The difference between the FMR and what Baez actually paid was \$20,386.50.

10. From October 2002 through September 2003, the FMR for Baez's apartment increased to \$1,972 per month, with an FMR obligation for that period of \$23,664 (12 times \$1,972). Baez's rent during this period varied: in October 2002, Baez's rent was set at \$636.00 based on information she supplied at her annual recertification. In November 2002, she claimed that her family income had precipitously dropped. Based on her representations, BHA lowered November 2002's rent back to \$123, and Baez's assigned rent remained at that amount through

and including September 2003. Therefore, her total BHA assigned rent from October 2002 - September 2003 was \$1,989.00. She made all required payments during that period. The difference between FMR and rent charged (and paid) was \$21,675.

11. From October 2003 through September 2004, Baez's unit's FMR was \$2,084/mo. Baez vacated in early March 2004, so the calculations run from October 1, 2003 through February 2004. During that period, total FMR was \$12,504 (6 times \$2,084). Baez's rent for the period was \$229/mo., for a total of \$1,374. Baez made all payments. The difference between FMR and rent charged (and paid) for this period was \$11,130.00.

12. The total difference between FMR and rent charged (and paid) during Baez's tenancy was \$50,843.50.

13. The rent subsidies for Baez's apartment at Franklin Fields were financed by the United States through the U.S. Department of Housing and Urban Development, pursuant to, inter alia, 42 USC Sec. 1437d(b), 1437(d)(c), 42 USC §1437g, 24 CFR § Sec. 968.10; MGL c. 121B, §26(m).

On pain and penalty of perjury, I swear that the foregoing is true and correct to the best of my knowledge, on this 17th day of January 2006.

/s/ Joan Shea
JOAN SHEA

BOSTON HOUSING AUTHORITY
PRELIMINARY APPLICATION FOR HOUSING

DO NOT WRITE IN SHADED AREAS



104962

A. HOUSEHOLD HEAD(S)

LAST NAME: BAEZ FIRST NAME: DELIA INITIAL: G

2. GERONIMO JOSE

B. SOCIAL SECURITY NUMBERS

1. 000-11-7535

2. 000-11-9685

C. ADDRESS

NUMBER AND STREET: 0000 ST APT/ROOM:

CITY: BOSTON STATE: MA ZIP CODE: 02111

D. TELEPHONE 822-6580 ☒ Day ☐ Night

E. DEVELOPMENT CHOICE(S)

DEVELOPMENT NUMBER DEVELOPMENT NUMBER DEVELOPMENT NUMBER

F. PRINCIPAL LANGUAGE ☐ 1. English ☒ 2. Spanish ☐ 3. Chinese ☐ 4. French ☐ 5. Other

G. ETHNIC ORIGIN ☐ 1. White ☐ 2. Black ☐ 3. Native American ☒ 4. Hispanic ☐ 5. Asian ☐ 6. Other

H. FAMILY COMPOSITION AND INCOME (BEGIN WITH HOUSEHOLD HEADS, FOLLOWED BY OTHER FAMILY MEMBERS LISTED FROM OLDEST TO YOUNGEST)

NAME (First, Last)	RELATIONSHIP TO HEAD #1	SEX (Male, Female)	DATE OF BIRTH (Month-Day-Year)	AGE	INCOME	
					AMOUNT	PERIOD (CHECK ONE) (Weekly, Monthly, Yearly)
1 Delia Baez	HEAD #1	<input type="checkbox"/> M <input type="checkbox"/> F	00-00-52	46	\$	<input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
2 Jose Geronimo	Boyfriend	<input type="checkbox"/> M <input type="checkbox"/> F	00-00-53	45	\$200.00/wk	<input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
3 Ramon Rivera	Son	<input type="checkbox"/> M <input type="checkbox"/> F	00-00-78	20	\$	<input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
4 [REDACTED]	Son	<input type="checkbox"/> M <input type="checkbox"/> F	00-00-81	16	\$	<input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
5 [REDACTED]	Daughter	<input type="checkbox"/> M <input type="checkbox"/> F	00-00-88	9	\$	<input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
6 [REDACTED]	Son	<input type="checkbox"/> M <input type="checkbox"/> F	00-00-89	8	\$	<input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
7 [REDACTED]	Granddaughter	<input type="checkbox"/> M <input type="checkbox"/> F	00-00-97	1	\$	<input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
8		<input type="checkbox"/> M <input type="checkbox"/> F			\$	<input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
9		<input type="checkbox"/> M <input type="checkbox"/> F			\$	<input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
10		<input type="checkbox"/> M <input type="checkbox"/> F			\$	<input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR

I. SOURCES OF INCOME
(Check all of which apply)

- ☒ Employment
- ☐ Social Security
- ☐ AFDC
- ☐ Veterans Benefits
- ☐ SSI
- ☐ General Relief
- ☐ Aid to Blind
- ☐ Other

J. SPECIAL EXPENSES (How much are you spending this year?)

- Medical \$
- Medical insurance \$
- Family/child care \$
- Homemaking services \$
- Occupational \$
- College tuition \$

K. ASSETS (Fill in total values)

- Bank account \$
- Real estate (home, etc.) \$
- Stocks or bonds \$
- Private business \$
- Other \$

JUL 28 '98 AM 11:26 BHAHC

- L. Is a head of household a U.S. veteran? ☐ no ☐ yes
- M. Are all heads of household U.S. citizens? ☐ no ☐ yes
- N. Would you be interested in being considered for "homesteading"? ☐ no ☐ yes
- O. Does any member of your household have a disability or handicap which is expected to last at least the next year and which requires special housing facilities? (IF SO, ANSWER THE FOLLOWING) ☐ no ☐ yes
1. Does any member of your household use a wheelchair constantly? ☐ no ☐ yes
- Name _____
2. Is any member (other than the person named above) permanently unable to climb a flight of 5 steps? ☐ no ☐ yes
3. Does any member have any other special housing facilities? ☐ no ☐ yes
- Name _____
- Name _____

IF YOU ARE A FORMER TENANT AND LEFT WITH RENT OUTSTANDING, YOUR BALANCE MUST BE PAID COMPLETELY BEFORE YOUR FINAL APPLICATION IS PROCESSED.

P. I declare that the above information is true to the best of my knowledge, and understand that any false statement which I have made knowingly and willfully will be sufficient cause for the rejection of my application for BHA housing.

Signature: Delia Baez

Date: 7/14/98

<input type="checkbox"/> NEW	NO. OF PERSONS	TOTAL INCOME	ELIGIBLE INCOME	ASSETS	ELIGIBLE	NO. OF BEDROOMS	<input type="checkbox"/> Elderly
<input type="checkbox"/> TRANSFER		\$	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Handicapped <input type="checkbox"/> Wheelchair <input type="checkbox"/> Modified:

If you change your address, please notify us in writing: BHA Occupancy Department, 52 Chauncy Street, Boston, MA 02111

OC-2

DATE RECEIVED

**AUTORIDAD DE VIVIENDA DE BOSTON
(BOSTON HOUSING AUTHORITY)
SOLICITUD PRELIMINAR DE VIVIENDA**



NO ESCRIBA EN AREAS SOMBRADAS

SEP 13 '99 PM 3:48 BHAHC

A. JEFE(S) DE FAMILIA
 APELLIDO: BAEZ NOMBRE: DELIA
 DIRECCION: 10000 SH APT. CUARTO: 1017 D. TELEFONO: 240-8971
 CIUDAD: DORCHESTER ESTADO: MA CODIGO DE AREA: 02122
☐ Dia ☒ Noche

E. SELECCION(ES) DE PROYECTO**F. IDIOMA PRINCIPAL**
(MARQUE UNO)

PROYECTO NUMERO PROYECTO NUMERO PROYECTO NUMERO
☐ 1. Inglés ☒ 2. Español ☐ 3. Chino ☐ 4. Francés ☐ 5. Otro

G. ORIGEN ETNICO
(MARQUE UNO)

☐ 1. Blanco ☐ 2. Negro ☐ 3. Indio norteamericano ☒ 4. Hispano ☐ 5. Asiático ☐ 6. Otro

H. COMPOSICION FAMILIAR E INGRESO (COMIENCE CON JEFE(S) DE FAMILIA, SEGUIDOS DE LOS OTROS MIEMBROS DE LA FAMILIA DE MAYOR A MENOR)

NOMBRE (Nombre, Apellido)	RELACION CON JEFE DE FAMILIA #1	SEXO (Masculino, Femenino)	FECHA DE NACIMIENTO (Mes-Dia-Año)	EDAD	INGRESO	
					CANTIDAD	PERIODO (MARQUE UNO) (Semanal, Mensual, Anual)
1. DELIA BAEZ	JEFE #1	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	01-01-52	47	\$ 118	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A
2. JOSE GERONIMO	Esposo	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	01-01-53	46	\$ 200	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A
3. [REDACTED]	Hijo	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	01-01-81	16	\$	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A
4. [REDACTED]	Hijo	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	01-01-88	10	\$	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A
5. [REDACTED]	Nieto	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	01-01-89	09	\$	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A
6. [REDACTED]	Nieto	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	01-01-93	3	\$	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A
7. [REDACTED]	Nieto	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	01-01-97	2/2	\$	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A
8. [REDACTED]		<input type="checkbox"/> M <input type="checkbox"/> F			\$	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A
9. [REDACTED]		<input type="checkbox"/> M <input type="checkbox"/> F			\$	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A
10. [REDACTED]		<input type="checkbox"/> M <input type="checkbox"/> F			\$	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A

I. FUENTES DE INGRESO

(Marque todos los que se apliquen)

1. ☒ Empleo
 2. ☐ Seguro Social
 3. ☐ AFDC
 4. ☐ Beneficios de Veteranos
 5. ☐ SSI (Suplementario)
 6. ☐ Ayuda General (General Relief)
 7. ☐ Ayuda para Ciegos (Aid to Blind)
 8. ☐ Otro

J. GASTOS ESPECIALES (Cuánto está usted gastando este año?)

1. Médicos \$
 2. Seguro médico \$
 3. Cuidado de niños \$
 4. Ayuda en la casa \$
 5. Empleo u ocupación \$
 6. Matrícula universitaria \$

K. CAPITAL (Escriba los totales)

1. Cuenta bancaria \$
 2. Propiedad raíz (casa, etc.) \$
 3. Acciones y bonos \$
 4. Negocios privados \$
 5. Otro \$

- L. ¿Es un jefe de familia veterano norteamericano? ☒ no ☐ si
 M. ¿Son todos los jefes de familia ciudadanos norteamericanos? ☒ no ☐ si
 N. ¿Estaría Ud. interesado en ser considerado para el programa de "Homesteading"? ☐ no ☐ si
 O. ¿Algún miembro de su familia tiene alguna incapacidad o algún impedimento físico el cual lo incapacitará por lo menos durante el próximo año y requiere facilidades de vivienda especiales? (SI ES ASI, CONTESTE LAS PREGUNTAS SIGUIENTES.) ☒ no ☐ si
 1. ¿Algún miembro de su familia está confinado a una silla de rueda? ☐ no ☐ si
 Nombre _____
 2. ¿Algún otro miembro de su familia, además de la persona anteriormente mencionada, está incapacitada para subir por lo menos cinco escalones? ☐ no ☐ si
 3. Existe en su familia alguna otra persona con algún tipo de incapacidad o de impedimento físico el cual requiera facilidades especiales de vivienda? ☐ no ☐ si
 Nombre _____ Incapacidad _____
 Nombre _____ Incapacidad _____

USTED ERA INQUILINO DE LA AUTORIDAD DE VIVIENDA (BHA) Y SE FUE DEJANDO RENTA PENDIENTE, ESTA DEBE SER ADA COMPLETAMENTE ANTES DE QUE SU SOLICITUD FINAL SEA CONSIDERADA.

Atestifico que la información proporcionada en esta solicitud es cierta según mi mejor conocimiento y entiendo de que cualquier declaración falsa que haya hecho con conocimiento y voluntariamente será causa suficiente para el rechazo de mi solicitud para vivienda.

Firma: Delia Baez

Fecha: 09/13/99

NO OF PERSONS	TOTAL INCOME	ELIGIBLE INCOME	ASSETS	ELIGIBLE	NO OF BEDROOMS	<input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped <input type="checkbox"/> Wheelchair <input type="checkbox"/> Modified
	\$	\$	\$	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

[DATE OF RECEIPT]



BOSTON HOUSING AUTHORITY FINAL APPLICATION FOR HOUSING

page 1

PLEASE PRINT

A HOUSEHOLD HEAD(S):

Last Name: Baez First Name: Delia Middle Initial: [redacted] Social Security No. [redacted]-3575

Last Name: [redacted] First Name: [redacted] Middle Initial: [redacted] Social Security No. [redacted]

B HOME ADDRESS: Number & 8 Street Apt. # 3 City: Dorchester State: MA Zip Code: 02122

D MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) Street: 8 Pineco Ave. City: [redacted] State: [redacted] Zip Code: [redacted]

C TELEPHONE: (617) 746-9971

E PRINCIPAL LANGUAGE: (CHECK ONE): ☐ 1. English ☒ 2. Spanish ☐ 3. Chinese ☐ 4. French ☐ 5. Other: [redacted]

F ETHNIC ORIGIN: (CHECK ONE): ☐ 1. White ☒ 2. Black ☐ 3. Native American ☒ 4. Hispanic ☐ 5. Asian ☐ 6. Other: [redacted]

G HOUSEHOLD COMPOSITION, INCOME AND PLACE OF BIRTH: (BEGIN WITH HOUSEHOLD HEAD(S), FOLLOWED BY OTHER FAMILY MEMBERS LISTED FROM OLDEST TO YOUNGEST. IF ANY HOUSEHOLD MEMBER HAS MORE THAN ONE SOURCE OF INCOME, USE AN ADDITIONAL LINE FOR EACH SOURCE.)

NAME (first name, last name if different from head)	RELATIONSHIP TO HEAD #1 (wife, brother, son, etc.)	SEX	DATE OF BIRTH (month/day/year)	AGE	MARITAL STATUS	OCCUPATION (student, give school and grade)	AMOUNT	INCOME PERIOD (month, week or year)	SOURCE (see choices below)	PLACE OF BIRTH (if born in U.S. give city & state; if born outside of U.S. give country)	SOCIAL SECURITY NO. (use Alien Registration Number instead, if member has one)
1. Delia Baez	HEAD #1	F	1/1/58	47	married by common law	Cleaner	\$6.00	\$180 per week before tax	employment	Santo Domingo	[redacted]-3575
2. Jose Gerónimo	husband by common law	M	1/1/53	46	married by common law	employee of grocery store	\$	\$125 per week	employment	Santo Domingo	[redacted]-9685
3. [redacted]	son	M	1/1/81	17	5	Student 12th grade	\$			Santo Domingo	[redacted]
4. [redacted]	granddaughter	F	1/1/98	4	5		\$			USA	[redacted]-4109
5. [redacted]	granddaughter	F	1/1/97	3	5		\$			USA	[redacted]-4521
6. [redacted]	granddaughter	M	1/1/88	11	5		\$			Santo Domingo	[redacted]
7. [redacted]	granddaughter	M	1/1/89	10	5		\$			Santo Domingo	[redacted]
8. [redacted]			1/1				\$				
9. [redacted]			1/1				\$				
10. [redacted]			1/1				\$				

* POSSIBLE SOURCES OF INCOME: employment, social security, veterans' benefits, other pension, AFDC, General Relief (GR), SSI, Aid to Blind, interest, dividends, rent, alimony, unemployment compensation, etc.

page 2

Is there anyone now living with you who will not be living with you in public housing? ☒ no ☐ yes

If yes, 1. Name: _____ 2. Name: _____ Relation-ship: _____

Is there anyone not living with you now who will be living with you in public housing? ☒ no ☐ yes

If yes, 1. Name: _____ 2. Name: _____ Relation-ship: _____

Is any member of your household presently pregnant? ☒ no ☐ yes. If yes, Name: _____ Due Date: _____

H SPECIAL EXPENSES: (IF YOU HAVE ANY OF THE FOLLOWING EXPENSES, INDICATE THE TOTAL AMOUNT WHICH YOU EXPECT TO PAY THIS YEAR, AND BRING DOCUMENTATION)

1. Medical: \$ _____ 2. Medical insurance: \$ _____ 3. Family/child care: \$ _____ 4. Homemaking services \$ _____

5. Occupational: \$ _____ 6. Tuition (post-high school): \$ _____ 7. Support (alimony): \$ _____

mass health

I ASSETS: (IF YOU HAVE ANY ASSETS, INDICATE BELOW AND BRING DOCUMENTATION)

1. Do you own a house or any other property? ☒ no ☐ yes. If yes, Address: _____ Value \$ _____

2. Indicate the value of any other assets which you have: Bank account: \$ _____ Stocks or bonds: \$ _____

Private business: \$ _____ Other: \$ _____

J VETERAN STATUS: Is a head of household a U.S. veteran? ☒ no ☐ yes. If yes, Name: _____

K HANDICAP/DISABILITY: Does any member of your household have a disability or handicap which requires special housing facilities? ☒ no ☐ yes.

1. Does any member of your household use a wheelchair constantly? ☒ no ☐ yes. If yes, Name: _____

2. Is any member (other than the person named above) permanently unable to climb a flight of 5 steps? ☒ no ☐ yes. If yes, Name: _____

3. Does any member have any other disability which requires special housing facilities? ☒ no ☐ yes. If yes, Name: _____ Disability: _____

L CRIMINAL RECORD:

1. Has any member of your household ever been arrested? ☒ no ☐ yes. If yes, provide the following:

Name: _____ Date: _____ City: _____ Offense: _____

Name: _____ Date: _____ City: _____ Offense: _____

2. Has any member of your household ever been convicted of a crime? ☒ no ☐ yes. If yes, provide the following:

Name: _____ Date: _____ City: _____ Court: _____ Offense: _____

Name: _____ Date: _____ City: _____ Court: _____ Offense: _____

M HOUSING HISTORY

1. During the past five years, has any member of your household lived for more than one month in any of the following institutions: a community residence, a half-way house, a temporary shelter, a nursing home, a correctional institution? ☐ no ☒ yes. If yes, Name: At 10-6-02 If this person is a head of household, please include his/her stay in the institution in your response to the next question. Fill in information about the institution in the columns marked "landlord".

2. Provide below information about all the places where you have lived during the past five years. Start with your present address and work backwards. Include everywhere that you have lived for at least one month, except for vacations. If your family has two heads of household who have not lived together during the entire five years, provide the information for each head separately for those periods during which you have lived separately. If you have lived with relatives or friends who were directly responsible for paying the rent, the information which you provide should be about their landlord.

PERIOD FROM - TO	YOUR COMPLETE ADDRESS	PERSON RESPONSIBLE FOR PAYING RENT	LANDLORD'S		TELEPHONE	YOUR REASON FOR LEAVING
			NAME	COMPLETE ADDRESS		
1-98 - 1	8 [redacted] St, Apt #3 Dorchester, MA 02122	Travelers Aid Boston	Travelers Aid Boston	17 [redacted] Street Boston, MA 02118	(617) 542- 7286	community still in temporary shelter going on 2 years
6/91 - 12/97	15 [redacted] St. #515 Boston, MA 02111	Jewell Ave 3	Roxse Homes	30 [redacted] St. #802 Boston, MA 02118	(617) 445- 0333	Evicted for non-payment of rent (mitigating circumstances)
/ - /						
/ - /						
/ - /						
/ - /						

And since she was not
evicted by courts.

3. Have you ever lived in Boston public housing? ☒ no ☐ yes. If yes, Where? _____ When? _____ to _____
In whose name was the apartment? _____

N PETS: Do you have any pets? ☒ no ☐ yes. If yes, list pets: _____

O REFERENCES:

1. Provide the following information for each member of your household who is presently employed. If any member is presently unemployed but worked during the past year, provide this information about that person's most recent job.

a. household member: Delia Baez Name of employer: Control Building Services Job title: Cleaner Dates of employment: April 1999 - currently
 Employer's address: Summer St. (Mey's Dept Store) Telephone: (617) 357-3448 Name of immediate supervisor: Venancio Martinez

b. household member: Jose Guerinimo Name of employer: Sanchez Tranny Job title: Helper Dates of employment: 1 year
 Employer's address: 1070 Hyde Park Ave Telephone: 364-2514 Name of immediate supervisor: Martin Sanchez

c. household member: _____ Name of employer: _____ Job title: _____ Dates of employment: _____
 Employer's address: _____ Telephone: _____ Name of immediate supervisor: _____

page 4

2. Provide the following information about two other persons who know you well, preferably a neighbor or co-worker, but not a relative.

a. Name: Lorena Cruz Address: 467 Columbus Rd. Telephone: 265-1964 Relationship to you: friend
 b. Name: Colipe Guerinimo Address: 443 Columbus Rd. Telephone: 740-0631 Relationship to you: brother
Margarita Eyzum Address: 154 Walnut Ave Telephone: 462-6141 Relationship to you: friend
 IN CASE OF AN EMERGENCY: Provide the following information about your nearest to kin or other person that the BHA may contact in case of an emergency.
 Name: Colipe Guerinimo Address: 443 Columbus Rd. Telephone: 740-0631 Relationship to you: brother

Q DECLARATION:

I DECLARE THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT ANY FALSE STATEMENT WHICH I HAVE MADE KNOWINGLY AND WILLFULLY WILL BE SUFFICIENT CAUSE FOR THE REJECTION OF MY APPLICATION FOR BHA HOUSING.

I HEREBY AUTHORIZE THE BOSTON HOUSING AUTHORITY TO QUESTION THE AGENCIES AND INDIVIDUALS LISTED IN THIS FINAL APPLICATION AS WELL AS OTHER APPROPRIATE PERSONS IN ORDER TO OBTAIN INFORMATION RELEVANT TO MY ADMISSION TO BHA HOUSING.

Delia Baez Signature 4/13/99 Date



BOSTON HOUSING AUTHORITY
52 Chauncy Street
Boston, Massachusetts 02111-02375

617-988-4000
TDD 1-800-545-1833 Ext.420

STATEMENT OF NO INCOME / NO ADDITIONAL INCOME

Please be aware that I, Delia Bay, an applicant for Public Housing who is at least eighteen (18) years of age, swear and/or depose that the following information regarding the source and amount of my income and assets, if any, is true and accurate:

1. That I am currently unemployed, receive no assistance from any agency or individual including friend or family member, and have no source of income whatsoever. I understand that it is a violation of Federal law to submit false information when applying for public housing. I also understand that it is my responsibility to report to BHA (or its agent) any change(s) in my household income status.

Signed Under the Pains and Penalties of Perjury

Delia Bay
Applicant Signature

Date 2/23/00

OR

- ② That I currently have no additional source of income other than that which I have reported below:

I understand that it is a violation of Federal law to submit false information when applying for public housing. I also understand that it is my responsibility to report to BHA (or its agent) any change(s) in my household income status.

Signed Under the Pains and Penalties of Perjury

Delia Bay
Applicant Signature

Date 3/01/00

Signed before me on this 01 day of March of 2000

Ivette Lozada
Signature
Notary Public
Title

Ivette Lozada, Notary Public
Commonwealth of Massachusetts
My Commission Expires 4/21/2006

Occ. 4/27/98



Boston Housing Authority
52 Chauncy Street
Boston, MA 02111-2375

OCCUPANCY'S ANNUAL INCOME QUESTIONNAIRE

Name of Applicant/Resident: Delia Bag

Client Control Number: 104962

Annual Income: is all amounts monetary or not which:

- ♦ Go to, or on behalf of the family head or spouse (even if temporarily absent) or to any other family member.
- ♦ Money anticipated to be received from a source outside the family during the twelve month period following admission or annual recertification effective date.
- ♦ Annual Income is also amounts derived (during the 12 month period) from assets to which any member of the family has access.

The following are to be included in Income (It is important to record differences between Federal and State Developments):

1). List the full amount before any payroll deductions of wages and salaries, overtime pay, commissions, fees, tips and bonuses without deductions. (Please note that some of the exclusions that may apply are State Exclusions 9, 11 and Federal Exclusions 8, 11)

FAMILY MEMBER	SOURCE, RATE, TYPE OF INCOME	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
<u>2</u>	<u>Employment</u>			
TOTAL ANTICIPATED INCOME:				
Exclusions				
FEDERAL EXCLUSIONS #	AMOUNT OF EXCLUSION		STATE EXCLUSIONS #	AMOUNT OF EXCLUSION
# , Fam.#			# , Fam.#	
# , Fam.#			# , Fam.#	
# , Fam.#			# , Fam.#	
TOTAL EXCLUSION:			TOTAL EXCLUSION:	
TOTAL INCOME (FEDERAL):			TOTAL INCOME (STATE):	

2). List the net income from the operation of a business or profession.

FAMILY MEMBER	SOURCE, RATE, TYPE OF INCOME	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
TOTAL ANTICIPATED INCOME:				

3). List all payments instead of earnings such as unemployment compensation, VA benefits, retirement and pension income, Social Security Income, Social Security Disability Income, other Social Security benefits and benefits instead of earnings under disability, health and accident insurance and worker's compensation. Payments from the government, subsequently reimbursed to the government, are not to be included for state developments. (Please note that some of the exclusions that may apply are State Exclusion 6 and Federal Exclusions 3, 8, 14)

FAMILY MEMBER	SOURCE, RATE, TYPE OF INCOME	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				
Exclusions				
FEDERAL EXCLUSIONS #	AMOUNT OF EXCLUSION		STATE EXCLUSIONS #	AMOUNT OF EXCLUSION
# , Fam.#			# , Fam.#	
# , Fam.#			# , Fam.#	
# , Fam.#			# , Fam.#	
TOTAL EXCLUSION:			TOTAL EXCLUSION:	
TOTAL INCOME (FEDERAL):			TOTAL INCOME (STATE):	

4). List all regular payments of public assistance or allowance.

FAMILY MEMBER	SOURCE, RATE, TYPE OF INCOME	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				

5). List all periodic and determinable allowances, such as alimony and support payments for a child, foster care payments, and **regular** contributions or gifts received from organizations or from persons not residing in the dwelling. (Please note that some of the exclusions that may apply are Federal Exclusions 2, 7, 12)

FAMILY MEMBER	SOURCE, RATE, TYPE OF INCOME	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				
Exclusions				
FEDERAL EXCLUSIONS #	AMOUNT OF EXCLUSION		STATE EXCLUSIONS #	AMOUNT OF EXCLUSION
# , Fam.#			# , Fam.#	
# , Fam.#			# , Fam.#	
# , Fam.#			# , Fam.#	
TOTAL EXCLUSION:			TOTAL EXCLUSION:	
TOTAL INCOME (FEDERAL):			TOTAL INCOME (STATE):	

6). List any assets, and other net income of any kind from real or personal property. Some examples of assets are interest, dividends, investments in stocks, bonds, Certificates of Deposit (CDs), money market funds, Individual Retirement Accounts (IRA's), whole life insurance policies, and property. Personal property considered is property held as an investment, examples: Gems, jewelry, coin collection, stamp collection or antique autos. (Excluded: is necessary personal property such as clothing, furniture, cars)

ASSET TABLE

(If the total value of assets is less than \$5,000 dollars there is no need to impute. Use the actual income)

FAMILY MEMBER	DESCRIPTION OF ASSET	VALUE	ACTUAL INTEREST RATE	ACTUAL INCOME	IMPUTED INTEREST AT 2.3%
(Use the greater of the two numbers) Total:					

7). List all regular pay, special pay and allowances of a member of the Armed Forces. (Please note that some of the exclusions that may apply are State Exclusion 4 and Federal Exclusion 7)

FAMILY MEMBER	SOURCE, RATE, TYPE OF INCOME	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				
Exclusions				
FEDERAL EXCLUSIONS #	AMOUNT OF EXCLUSION		STATE EXCLUSIONS #	AMOUNT OF EXCLUSION
# , Fam.#			# , Fam.#	
# , Fam.#			# , Fam.#	
TOTAL EXCLUSION:			TOTAL EXCLUSION:	
TOTAL INCOME (FEDERAL):			TOTAL INCOME (STATE):	

8). Does the family receive any other income not listed above? Yes _____ No ☒ (If yes, please list)

FAMILY MEMBER	SOURCE, RATE, TYPE OF INCOME	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				

9). TOTAL ANTICIPATED ANNUAL INCOME:

Income Source #	FEDERAL	STATE
1		
2		
3		
4		
5		
6		
7		
8		
TOTAL		

(Place totals on Computation Sheet Line 1.)

**FEDERAL DEVELOPMENTS ANNUAL INCOME QUESTIONNAIRE
(DEDUCTIONS)**

Adjusted income means annual income less the following deductions:

- (a) How many members of the family other than the family head or spouse are under 18 years of age, or is a person with a disability, or is a full-time student? (Do not include foster children or foster adults) [Place answer on Line 2 of the Federal Computation Sheet]

Number: 5

- (b) Is a head of household or the spouse of the head of household 62 years or older or disabled? (Note: If the answer to this questions is yes, then the family is considered elderly or disabled) [Place answer on Line 4 of the Federal Computation Sheet]

Yes _____ No ✓
[If yes, go to (d). If no, go to (c).]

- (c) If this family is not an elderly family or disabled family, do they have a household member (other than the head of household or co-head) who is a person with a disability?

Yes _____ No ✓

If the answer is yes, what are their reasonable expenses that are anticipated, during the period for which annual income is computed, for attendant care and auxiliary apparatus for a disabled family member and that are necessary to enable a family member (including the disabled member) to be employed, provided that the expenses are neither paid to a member of the family nor reimbursed by an outside source?

FAMILY MEMBER	SOURCE, RATE, TYPE OF EXPENSE	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				

[Place answer on Line A of the Federal Computation Sheet]

- (d) If the family is elderly or disabled:

1. What are their medical expenses? (Medical expenses include but are not limited to services of doctors and health care professionals, services of health facilities, medical insurance premiums, prescription medications, transportation to treatment, dental expenses, eyeglasses, hearing aids, live-in periodic medical assistance, monthly payment on accumulated medical bills. **Non-prescription medication must be supported with medical documentation to establish its need.**)

FAMILY MEMBER	SOURCE, RATE, TYPE OF EXPENSE	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				

[Place answer on Line B of the Federal Computation Sheet]

AND

2. What is the total amount of their disability assistance expense? (Disability assistance expenses are those reasonable expenses that are anticipated, during the period for which annual income is computed, for attendant care and auxiliary apparatus for a disabled family member and that are necessary to enable a family member [including the disabled member] to be employed, provided that the expenses are neither paid to a member of the family nor reimbursed by an outside source.)

FAMILY MEMBER	SOURCE, RATE, TYPE OF EXPENSE	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				

[Place answer on Line C of the Federal Computation Sheet]

(e) Does the family have child care expenses? (Child care expenses are amounts the family expect to pay for the care of children under 13 years of age, but only when such care is necessary to enable a family member to actively seek employment, or to be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed. The amount deducted shall reflect reasonable charges for child care. In the case of child care necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income.)

Yes _____ No ☒

FAMILY MEMBER	SOURCE, RATE, TYPE OF EXPENSE	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				

[Place answer on Line 3 of the Federal Computation Sheet]

**STATE DEVELOPMENTS ANNUAL INCOME QUESTIONNAIRE
(DEDUCTIONS)**

Adjusted income means annual income less the following deductions:

(a) How many members of the family other than the family head is under 18 years of age, or is an income contributing adult member of the household? [Place answer on Line 3 of the State Computation Sheet]

Number: 5

(b) Is the head of household either at least 60 years old or disabled? [Place answer on Line 2 of the State Computation Sheet]

Yes _____ No ☒

(c) The total amount paid out-of-pocket by household members for the following expenses, provided that the deduction shall not to exceed the annual income of the household member incurring the expense:

1. Does the family have any medical expenses not compensated for or covered by insurance (Medical expenses include but are not limited to services of doctors and health care professionals, services of health facilities, medical insurance premiums, prescription medications, dental expenses, eyeglasses, hearing aids, monthly payment on accumulated medical bills. **Non-prescription medication must be supported with medical documentation to establish its need.**)?

Yes _____ No ☒

(Note: If you filled out Deduction (d) in the Federal Deduction section, you can simply add the totals from question 1 and question 2, and use that total for this table.)

FAMILY MEMBER	SOURCE, RATE, TYPE OF EXPENSE	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				

[Place answer on Line A of the State Computation Sheet]

2(i). Does the family have any expenses to care for a child(ren) or sick or incapacitated household member?

Yes _____ No ☒

and

2(ii). Is that expense necessary for the employment of the tenant or spouse? (Note: the amount deducted **cannot** exceed the amount of income received by the person who has been released from the responsibility of care.)

Yes _____ No ☒

FAMILY MEMBER	SOURCE, RATE, TYPE OF EXPENSE	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				

[Place answer on Line 5 of the State Computation Sheet]

3. Does the family have reasonable and necessary payments by a household member for the support of a person or persons not residing with the household and for whose support the household member is legally responsible. (Note: No deduction is available for the support of children away from home for purposes of normal or voluntary education.)

Yes _____ No ☒

FAMILY MEMBER	SOURCE, RATE, TYPE OF EXPENSE	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				

[Place answer on Line 6 of the State Computation Sheet]

4. Does the family have non-reimbursed payments of tuition and fees of vocationally related post-secondary education of household members other than a full-time student?

Yes _____ No ☒

FAMILY MEMBER	SOURCE, RATE, TYPE OF EXPENSE	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				

[Place answer on Line 7 of the State Computation Sheet]

5. Does the family have expenses for reasonable and necessary homemaking and housekeeping service for a member of the household with a disability in the event there is no other household member reasonably available to perform such activities?

Yes _____ No ☒

FAMILY MEMBER	SOURCE, RATE, TYPE OF EXPENSE	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				

[Place answer on Line 8 of the State Computation Sheet]

6. Does the family have travel expenses, in excess of the cost of the least expensive available transportation, for a person with a disability who as a result of the disability is physically unable to use the least expensive available transportation in connection with routine, predictable and necessary activities such as commuting to work, grocery shopping and doctor visits?

Yes _____ No ☒

FAMILY MEMBER	SOURCE, RATE, TYPE OF EXPENSE	HOW VERIFIED	HOW CALCULATED	ANNUAL AMOUNT ANTICIPATED
Total:				

[Place answer on Line 9 of the State Computation Sheet]

FEDERAL DEVELOPMENTS INCOME EXCLUSIONS

Annual income does not include the following:

- 1) _____ Income from employment of children under the age of 18 years;
- 2) _____ Payments received for the care of foster children or foster adults;
- 3) _____ Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses;
- 4) _____ Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- 5) _____ Income of a live-in aide;
- 6) _____ The full amount of student financial assistance paid directly to the student or to the educational institution;
- 7) _____ The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- 8) _____ (i) Amounts received under training programs funded by HUD;
- _____ (ii) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
- _____ (iii) Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred and which are made solely to allow participation in a specific program;
- _____ (iv) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the BHA or owner, on a part-time basis, that enhances the quality of life in the development;
- _____ (v) The increase in income resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. To use this exclusion the employment training programs must have clearly defined goals and objectives, and the increase is only excluded for the period while the family member participates in the program;
- 9) _____ Temporary, nonrecurring or sporadic income;
- 10) _____ Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era (Holocaust payments);
- 11) _____ Earnings in excess of \$480 for each full-time student 18 years old or older other than the head of household and spouse (Note: A full time student is enrolled in and attending an accredited educational or vocational institution and is carrying a course load that is considered full time for day students);
- 12) _____ Adoption assistance payments in excess of \$480 per adopted child;
- 13) _____ Increased income to any family member resulting from the participation in a program providing **employment training and supportive services** under the Family Support Act of 1988, or any comparable program authorized by law during the exclusion period. (The exclusion period is effectively the time participating in the training program and the first eighteen (18) months of work after completion provided work is not funded by public assistance);
- 14) _____ Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts (Deferred are payments that are provided because of delay in verifying the person's eligibility for the program or because a person is retroactively enrolled in a program and provided back payments after successfully challenging denial of, or discontinuation of benefits);
- 15) _____ Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home;
- 16) _____ Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which an exclusion would apply. (i.e. Title V income or those that appear on HUD list)

STATE DEVELOPMENTS INCOME EXCLUSIONS

Annual income does not include the following:

- 1) _____ Temporary, nonrecurring or sporadic income;
- 2) _____ Lump-sum amounts, which are specifically received for or are reimbursement of the cost of illness or medical care, and payments which are made for personal injury or property damage or loss under health, accident or liability insurance, worker's compensation, and court judgments or settlements or court cases, except insofar as these payments compensate for loss of income. An unallocated lump sum settlement or similar payment for lost wages shall be equitably allocated to reflect current and future wages, and such current and future wages shall not be excluded;
- 3) _____ Amounts of educational scholarships or stipends for housing while at an educational institution, whether paid directly to the student or the educational institution and amounts paid by the United States Government to a Veteran for use in meeting the cost of tuition, fees and books, to the extent that such payments are so used, including amounts paid for these purposes to a part-time student;
- 4) _____ The special pay to a member of the Armed Forces, who is the head of the household, and serving in a war zone;
- 5) _____ Relocation payments made pursuant to state or federal law.;
- 6) _____ Payment made and properly held pursuant to the Social Security Administration program known as the Plan to Attain Self Sufficient (PASS), provided that recipient fulfills all PASS program requirements;
- 7) _____ The value of coupon allotments for the purchase of food (Food Stamps);
- 8) _____ Payments received by participants or volunteers in programs pursuant to the Domestic Volunteer Service Act of 1973;
- 9) _____ The increased amount of wages earned by one or more household member for one twelve (12) month period which otherwise would result in a rent increase provided that the household's:
 - _____ (i) net income has been derived, at least in part, from Aid to Families with Dependent Children (AFDC), Emergency Aid to Elderly, Disabled and Children program (EAEDC), Supplemental Security Income (SSI), or Social Security Disability Income (SSDI) for each of the previous 12 months;
 - and
 - _____ (ii) increased earned income has been accompanied by a decrease in the amount of AFDC, EAEDC, SSI or SSDI received;
 - and
 - _____ (iii) the recipient of such public assistance would have remained eligible for the same or a higher amount of assistance without the earned income.;

(Note: This earned income exclusion shall be in effect for one continuous period of 12 months, regardless of changes or gaps in employment during that period. This moratorium may be invoked by the tenant when a household member has procured either full or part-time employment. **(It is the tenant's sole determination whether or when to exercise this one-time earned income exclusion for the household.)**;
- 10) _____ Stipends received in association with participation in a bona-fide education, training, or employment program, approved by the Department or sponsored or administered by a governmental agency, to cover education, or costs related to training or employment, such as transportation, child care, meals, books, or uniforms. This exclusion does not apply to hourly wages received through employment programs, such as on-the-job training or work exclusion programs;
- 11) _____ Wages or salary earned by a full-time student or minor who is not emancipated (Note: A full time student is a dependent household member [excluding the tenant and the tenant's spouse] between the ages of 18 and 25, who is enrolled in and attending an accredited educational or vocational institution and is carrying a course load that is considered full time for day students);
- 12) _____ Income of a full-time, live-in personal care attendant (PCA) who is not a family member and who is paid for the fair value of his or her services to the disabled person, shall be excluded but the PCA shall be required to substantiate that he or she receives wages for the fair value of his or her full-time services and that such income is not available to the household's needs.

I authorize the BHA to request verification from all third parties I have listed as sources of income or depositories of assets. I authorize all such parties to release the requested information to the BHA, and I authorize BHA to release the information to HUD. Use of this information shall be limited to purpose directly connected with administration of the Public Housing Program. I certify that I currently have no assets or income other than those reported to BHA (or its agents) during this rent (re)certification process. *I further certify that, during the past two years I have not disposed of any assets for less than fair market value, other than those listed above.* I certify that no member of my household is a non-resident student alien. I understand that it is a violation of Federal law to submit false information when applying for public housing. I also understand that it is my responsibility to report to BHA (or its agent) any change(s) in my household's income status.

DELIA BAEZ
Name of Head of Household

Delia Baez
Signature of Head of Household

01/25/2006
Date

X JOSE GUZMANO
Name of Co-Head D.B.

X [Signature]
Signature of Co-Head

X 02/04/06
Date

25 SEP 2001 Page 1

BOSTON HOUSING AUTHORITY

Report HERCHSC Run 2260

Client Dev Unit Address
 104962 189 1243 1346 DORCHESTER AVENUE 317 02122
 09/13/99

Eff-Date BDR: CUR&RQ
 4 07/28/98
 Fut-Rent R-Roll LAST-CHQ
 235

Name: BAEZ, DELIA
 First MI Phone
 6 617-396-3891
 792-8900

Emergency Contact: Emrgy Phone: 1 -

Second Party Billing Name: Delia Baez Addr: 9 Ames St. C- Dorchester 02124

Action Type: 1-Move-In 2-Rent Change 3-TBR 4-Transfer 5-Move-Out 6-Other Amt: \$ Eff Date: 9-28-01

Last Name First MI Soc Sec Num Relationship Set Race Eth Brthdate CSR Family Status Ctin Alien Reg# PL

1 BAEZ DELIA 0 00-3579 A HEAD OF FAMILY F 2 1 00/52 Y A AT HOME EN A093009754 S

2 GERONIMO JOSE 0 00-7685 B SPOUSE/CO-TENANT M 2 1 00/53 5 DISABLED EN A093011132 S

3 GONZALEZ DOMINGUEZ 0 00-7607 S SON M 2 1 00/79 Y N FAMILY IN 8

4 BAEZ CARLOS 0 00-4109 H GRANDAUGHTER F 1 1 00/93 7 MINOR EC 8

5 BAEZ BERNARD 0 00-4521 H GRANDAUGHTER F 1 1 00/97 7 MINOR EC 8

6 TAYLOR YVONNE 0 00-9114 H GRANDAUGHTER F 1 1 00/99 7 MINOR EC 8

7

8

Income Source Amount # Income Source Amount # Income Source Amount

1 A TANF 6.372 1 U UNEMPLOYMENT 5.668

Assets: Amount Description Amount Description Amount Description

Income Deductions: Type Amount Type Amount Type Amount

8 MINOR/STU/DIS-FAM 1440 9 ELD/DIS-HEAD/CO-T 400

Income Exclusions: Type Amount Type Amount Type Amount

Exclusions Total: \$1,840 Exclusions Total: \$

The above is true to the best of my knowledge. WARNING: Federal law provides criminal penalties for anyone who knowingly

falsifies a document within the jurisdiction of the U.S. Department of Housing and Urban Development.

Prepared by: MC DEFA BAEZ x Date: 9-28-01

Resident Signature: Date: Manager Signature: Date:

WORKSHEET: HE Release CCSHE 4.5

By pts9 CCSHE for pts9 ODICIAR on 08:48:47 SEP 25 2001

Client Worksheet

Client Dev Unit Address
104952 189 FF1243 78 AMES ST 02124

App1-Date Occ-Date BDR:CURMRG Eff-Date Fut-Rent R-Roll LAST-CHG
09/13/99 09/28/01 4 4 09/28/01 255 09/28/01

Name: BAEZ, DELIA G 617-296 2891

Emergency Contact: DELIA G 617-296 2891

Emergency Phone: -

Second Party Billing Name: DELIA G BAEZ

Address: 51 AMES STREET BOX C-298 ZIP: DORCHESTER, MA 02124

Action Type: 1-Move-in 2-Rent Change 3-TSR 4-Transfer 5-Move-out 6-Other Amt: \$ Eff Date: 11/16/01

Last Name First MI Soc Sec Num Relationship S Race Eth Brthdate CSR Family Status Ctin Allen Reg# PL

1	BAEZ	DELIA	G	-3975	A	HEAD OF FAMILY	2	1	-	/52	Y	A	AT HOME	EN	A093009754	S
2	GERONIMO	JOSE		-7685	B	SPOUSE/CO-TENANT	2	1	-	/53				EN	A093011152	S
3	Q	D	J	-7607	S	SON	2	1	-	/79	Y	N	FAMILY	IN		S
4	B	C		-4109	H	GRANDDAUGHTER	1	1	-	/95			7 MINOR	EC		S
5	B	B		-4521	H	GRANDDAUGHTER	1	1	-	/97			7 MINOR	EC		S
6	T	Y		-9114	H	GRANDDAUGHTER	1	1	-	/99			7 MINOR	EC		S
7																
8																

Income Source Amount # Income Source Amount # Income Source Amount

1 A TANF 6,372 1 0 0

Assets: Amount Description Amount Description Amount Description

Income Deductions: Type Amount Type Amount Type Amount

8 MINOR/STU/DIS-FAM 1440 9 ELD-BIS-HEAD CO-1440

Income Exclusions: Type Amount Type Amount Type Amount

Deduction Total: 1440 # Exclusions Total: \$

The above is true to the best of my knowledge. WARNING: Federal falsifies a document within the jurisdiction of the U.S. Department of Housing and Urban Development.

Prepared by: x Delia Baez x Maria Lopez x 11/16/01 x 11/16/01

Resident Signature: Date: 12/07/05

Manager Signature: Date: 12/07/05

WORKSHEET BHA Release CCSTA 4.5

7/15/02

yo [REDACTED] certifica
Que la Señora Delia Bag
trabaja en limpio con
migo ganando aproximado
mente entre los \$10,000,
0 \$11,000 Pasa al año

State of MA County of Suffolk
Signed before me on this 15 day
of July 2002 by [REDACTED]
Notary Public [REDACTED]

att
[REDACTED]

[REDACTED] Notary Public
Commission of Massachusetts
My Commission Expires 4/21/2006

Client Work Numbers

Client Dev Unit Address

104262 102 F1213 78 OHES ST 02124

Appl Date Occ Date BDR CURANC Eff Date

09/15/99 09/28/01 4 09/01/02 636 09/01/02

Put-Rent R-Roll: LAST-CHG

123 09/01/02

Veterans Status

30.0

Cap Lic Plate

617-325 5074

Emergency Contact

DELIA G 617-325 5074

Second Party Billing Name: DELIA G BAEZ

Address: 51 AMES STREET BOX C-298

Zip: DORCHESTER, MA 02124

Action Type: 1-Move-In; 2-Rent Change; 3-TSR; 4-Transfer; 5-Move-Out; 6-Other

Amount: \$ Eff Date: 11/12/02

Last Name First MI Soc Sec Num Relationship Sp Race Eth Brthdate CSR Family Status Cuzn Alien Reg# PL

1 BAEZ DELIA G [REDACTED] 3575 A HEAD OF FAMILY F 2 1 [REDACTED] /52 1 EMPLOYED FULL EN A093009794 S

2 GERONIMO JOSE [REDACTED] 2683 B SPouse/03 TENA H 2 1 [REDACTED] /53 Y N FAMILY EN A073011152 S

3 GERONIMO GEMMY J [REDACTED] 7607 S SON 2 H 2 1 [REDACTED] /79 1 EMPLOYED FULL EN A073011152 S

4 B [REDACTED] 4109 H GRANDDAUGHTER F 1 1 [REDACTED] /93 7 MINOR EC S

5 B [REDACTED] 4521 H GRANDDAUGHTER F 1 1 [REDACTED] /97 7 MINOR EC S

6 B [REDACTED] 4134 H GRANDDAUGHTER F 1 1 [REDACTED] /99 7 MINOR EC S

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TENANT ACCOUNTING

Report TAR200 Run 2738

Client		Dev	Unit	Address	Appl-Date	Occ-Date	EDR:CUR&RQ	Eff-Date	Fut-Rent	R-Roll	LAST-CHG
104962	189	FF1243	78 AMES ST	02124	09/23/99	09/28/01	4	2	11/01/02	123	11/01/02

Last Name	First	MI	Phone	Car Lic Plate#	Veterans Status	Rent Percentages
BAEZ,	DELIA	G	617-825 5074			30.0

Emergency Contact: _____ Emrgy Cont Addr: _____
Emergency Phone: 617/792-8900

Second Party Billing Name: DELIA G BAEZ
Addr: 91 AMES STREET BOX C-298
Zip: DORCHESTER, MA 02124

Action Type: 1-Move-in 2-Rent Change 3-TSR 4-Transfer 5-Move-out 6-Other

1	BAEZ	DELIA	G	-3575	A HEAD OF FAMILY F	2	1	/52	Y	A AT HOME	EN	A093009754	S
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2 GERONIMO JOSE [REDACTED] -9685 B SPOUGE/CP TENA M 2 1 [REDACTED] /53 Y N FAMILY EN A093011152 3

3 8 [REDACTED] C [REDACTED] -4109 H GRANDAUGHTER F 1 1 [REDACTED] /95 7 MINOR EC S

4 E	B	000-4521	H GRANDAUGHTER	F	1	1	7 MINOR	EC

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	*Deductions Total:-	*Exclusions Total:-
	\$940	\$

The above is true to the best of my knowledge. WARNING: Federal law provides criminal penalties for anyone who knowingly

...a document within the jurisdiction of the U.S. Department of Housing and Urban Development.

Prepared by: _____

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1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

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EXHIBIT 3

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

UNITED STATES OF AMERICA,)	
Plaintiff,)	
)	
)	Civil Action No. 03-10153
)	
\$62,552.00 IN UNITED)	
STATES CURRENCY,)	
Defendant.)	
)	
DELIA J. BAEZ,)	
Claimant.)	

PARTIES' SUBMISSION OF UNDISPUTED FACTS

The parties in this case -- the United States and the claimant, Delia J. Baez -- submit the previously filed statement of undisputed facts.

Respectfully submitted,

MICHAEL J. SULLIVAN
United States Attorney

by /s/ William Keefe

By: /s/ Jennifer H. Zacks

William Keefe
390 Center Street
Jamaica Plain, MA 02130

617-983-9200

Jennifer H. Zacks
Assistant U.S. Attorney
U. S. Attorney's Office
John Joseph Moakley
United States Courthouse
1 Courthouse Way, Suite 9200
Boston, MA 02210
617-748-3100

dated: 12/2/2004

STATEMENT OF UNDISPUTED FACTS:

1. On August 13, 2002, the Massachusetts State Police were contacted regarding a large amount of United States currency discovered at the American Airlines main security check point in a passenger's carry-on luggage.

2. The money was contained in five envelopes. Sergeant Chester Bishop spoke with the passengers, Baez and her husband Jose DelCarmen Geronimo. Both had tickets for and were attempting to board American Airline flight 2087 to Santo Domingo in the Dominican Republic. During his deposition in this case, Geronimo repeatedly refused to answer questions relating to this trip, the seized currency or the facts surrounding the seizure of the money, asserting his Fifth Amendment right against self-incrimination.

3. Mark West ran a check on Baez and found a DEA report stating in 1992 Baez had attempted to negotiate the sale of four ounces of cocaine. The envelopes of money were seized and determined to total \$62,552. Baez was given a receipt for the currency, which she refused to sign.

4. After being counted, the currency was returned to the envelopes in which it had been contained. The envelopes were then placed inside a large manilla envelope. A drug detection dog, Tracer, was shown this manilla envelope, along with three similar manilla envelopes containing shredded United States currency. Tracer alerted positively to the envelope containing the money

seized from Baez by sniffing the envelope and sitting down. Tracer has been trained and certified in the detection of the following substances: marijuana, cocaine, heroin and methamphetamine.

5. On October 24, 2002, Baez signed and filed a claim for the return of the property. In this claim, which was signed under oath subject to the pains and penalties of perjury, she asserted a claim to the entire \$62,552, stating "I am the owner of the property." The United States brought this civil forfeiture action on January 23, 2003. Baez filed a verified claim to the \$62,552, on May 1, 2003.

6. In the fall of 2003, someone abandoned a number of documents pertaining to Baez in the Franklin Field development. These included Baez's bank records and checks written by Baez to herself for large amounts -- the largest being a check dated February 21, 2001, which Baez made out to herself for \$25,000.

7. The Fleet Account. Baez maintained account No. 002700327 at Fleet Bank under the name Delia Baez d/b/a Mi Tierra Restaurant (the Fleet Account). According to Baez, she was the only person with access to her Fleet Bank account. Depo 168. The records of the Fleet Account for the period around the time of the seizure, show a number of large deposits and withdrawals from the Fleet Account.

8. On May 5, 2002, Baez deposited \$16,059.51 into the Fleet Account. This deposit consisted of a \$9,000 check made out by

Carmen Rijo to the order of Carmen Rijo, as well as a number of what appear to be goverment checks made out to Ramon Fortunato and Eliseo Peguero, both at the address 3383 Washington Street. On the same day, on what appears to be a Fleet Bank "starter" check (one with no printed name or account number), dated May 5, 2002, Baez wrote a check for \$6000, made out to herself.

9. In the statement for the month ending August 30, 2002, before her departure, the Fleet Bank statement shows that Baez withdrew approximately \$15,242.30 from her account. On August 5, 2002 Baez deposited \$1,669.60 and, two days later, on August 7, made a deposit in the amount of \$3,048.45. During the course of the next few days, from August 7 to August 13, 2002, Baez withdrew, by check, over \$10,000, which included a check for \$8,000 on August 7 and a check for \$3500 on August 12. In addition, on August 12, 2002, Baez wrote a check for \$3,500, payable to herself, on a BankBoston account, in the name of Delia Baez d/b/a Mi Tierra Restaurant.

10. In September 2002, Baez deposited into her Fleet Account a total of \$11,962.68, which included a deposit of \$10,295.36 on September 10, 2002. On October 17, 2002, Baez made a \$5000 deposit to her Fleet Bank Account. Also on October 17, 2002, Baez wrote two checks which she then cashed: one for \$5,000, made out to "Delia Baez" and the other for \$8,000 made out to "cash."

BAEZ'S ASSETS AND SOURCES OF INCOME

11. In June 1996, Baez bought a building located at 3383 Washington Street in Jamaica Plain. Depo. 7. The purchase price of the property was \$230,000, of which \$179,000 was a loan and the remaining \$21,000 was paid by Baez in cash. (Depo. 7, 13, 14). Baez stated that the mortgage for 3383 Washington Street is approximately \$2,600 per month. Depo 22. Prior to purchasing 3383 Washington Street, Baez had rented the Washington Street property for approximately two years and, during that time, Baez had rented out storage space to various people. Since the time that she began renting the space, Baez stated that, except in unusual circumstances, such as when she was out of the country or ill, Baez has gone to the Washington Street property every day. Depo. 25. McKenna, who was a friend of Baez's and a real estate agent, estimated that, in the summer of 2002, the Washington Street property was worth \$900,000. McKenna Depo 65.

12. From the time she purchased 3383 Washington Street until the present, Baez has been paying various people to remodel and fix up the building. Depo. 14. Baez states that she has also been using the property to generate income. Around the time of the seizure, Baez was renting part of the building out for people to store of various items, such as refrigerators, televisions, and beds. Baez then arranges to have these items shipped to the Dominican Republic in containers rented from a company in New

Jersey and charges people who ship goods in this container. Depo. 15-16, 29, 33-36. In addition, Baez stated that she used 3383 Washington Street to store her own items, such as stoves, washing machines, and refrigerators, which she purchases in Providence, and then ships to the Dominican Republic, where she resells them for a profit. Depo. 32-33, 38. Baez stated that she had a "huge space . . . to store things" located in Santo Domingo, at Calle Marino Zapata, Number 86. Depo. 37. Baez also stated that since approximately 2002 she rented parking space outside 3383 Washington Street to a company called Geraldo's Transportation for approximately \$1,600 per month -- \$1,300 in cash and \$300 by check. Depo. 24, 28. In addition, Baez stated that since approximately 2002 she has rented out parking space on weekends to a Somalian congregation, which paid her about \$300 per month. Depo. 24. In all, Baez stated that she was making "something like over \$4,000 a month, or so" from the various activities at the Washington Street property. Depo. 23. In addition to her activities connected with 3383 Washington Street, Baez identified a cleaning company, whose name she could not remember, that she said she had worked for approximately a year in 2001. Depo. 39-40. In June 2002, two months prior to the seizure, Baez was also receiving \$491/month in public assistance benefits from the Department of Transitional Assistance for aid to families with dependent children. Although she initially denied any other sources of money, Baez admitted that

since 1998 she had also been receiving approximately \$400 in welfare payments from the state for childcare for her grandchildren. Depo 263-267. In addition, at the time of the seizure, as described below, Baez was receiving government-subsidized housing. Baez stated that during the time period 1998-2002, Jose Geronimo, Baez's long-time live-in boyfriend made no money because he was ill. Depo. 268-269.

SOURCE OF THE \$62,552

In her statements in this action, Baez has provided the following explanations of the source of the \$62,552 that she was carrying on August 13, 2002.

13. In her first deposition, on October 15, 2003, Baez stated that, about a week before August 13, 2002, she received \$35,000 of the money from Eligia McKenna, whom Baez described as her business partner for a catering business that Baez planned to begin running out of the 3383 Washington Street address. Depo. 12, 63. Baez specified that, of the \$35,000 that McKenna had given her, \$25,000 was in cash and \$10,000 was in the form of a check, which Baez had then converted into cash. Depo. 64, 69, 72. In her first deposition, Baez also said that an additional \$13,000 of the money she was carrying on August 13, 2002 represented an insurance payment on 1991 BMW, which, Baez stated, had been stolen and declared a total loss. Depo. 64. According to Baez, an additional \$4,000 of the money did not belong to her, but had been

given to her by the husband of someone named "Arelis Brio.[phonetic]" According to Baez, Brio's husband had given \$4000 to Baez two or three days before August 13, 2002, and Baez was carrying the \$4,000 to the Dominican Republic to give to Rio. Depo. 107. Without specifying the amount, Baez stated that some of the money had come from fees that people had paid to her in order to ship items in the container rented by Baez also stated that Depo. 64 ("there was other money, fee from people that paid for the container"). In addition, Baez said that \$20,700 of the seized money represented money that Baez had earned from selling items such as refrigerators. Depo. 86 (" \$20,700 was "from the sales that I made. I buy and sell items. Like I told you, I buy refrigerators and other items and resold them, and that money I had withdrawn from the bank") Baez asserted that she put this \$20,700 into one of the seized envelopes on approximately May 6, 2002, wrote that date on the envelope, and kept the envelope in a locked box in her home from May 2002 until August 2002. Depo. 83-84, 85-86.

14. In her second deposition, on May 24, 2004, Baez again stated that \$35,000 had come from McKenna. However, Baez now stated that the entire \$35,000 had been in cash, in hundred-dollar bills, which McKenna had brought in an envelope and which McKenna and Baez had placed into piles of one thousand dollars each and counted. Depo 199-200, 202. Baez also restated that \$4,000

belonged, not to her, but to Arelis Brio. Depo 218-219. In addition, Baez stated that \$19,800 of the cash represented money that people had paid her to ship goods in the container. Depo 218. As to the remaining money, approximately \$4,000, Baez stated "whatever was left was mine."

15. In her responses to interrogatories, Baez described the \$35,000 received from McKenna as "my money that she [McKenna] was holding for me." In her deposition, although, initially, Baez claimed ownership of the \$35,000, she later admitted that, if the business did not open, Baez would return the \$35,000 to McKenna, because "the money is hers [McKenna's])" Depo 233. When asked about this money, McKenna stated that if the business did not open, McKenna would request the \$35,000 back, noting "that's why we signed a contract." McKenna Depo 79-81. An partnership agreement, dated July 5, 2002 and signed by Baez and McKenna stated that the two were forming a partnership and that Baez's capital contribution was \$65,000 and McKenna's was \$35,000. A handwritten note at the bottom of the page provided "25% or \$35,000 has been paid upon signing this agreement to Delia Baez, in cash."

16. McKenna stated that she had given Baez the \$35,000 on July 7, 2002, that is, two days after an agreement was signed. McKenna Depo 55. McKenna claimed that she had received the money in cash in 2000, and had placed it in a bag and given it to her mother for safekeeping. McKenna stated that the cash had remained

at McKenna's mother's house from 2000 until 2002. McKenna Depo 57-58. McKenna said that she had received the \$30,000 in cash when she sold her flower business to some people from New York in May 2000. McKenna Depo 106. McKenna stated that she did not remember the name of the people from New York, and that they had brought the \$30,000 in cash in a brown bag at the time of the closing. McKenna Depo 106-107. McKenna said that, at the time she counted the money, which came to exactly \$30,000 in hundred dollar bills was in the brown bag. McKenna Depo 108. McKenna said that, at some point during that two-year period, she gave her mother an additional \$5000 in cash to keep. McKenna Depo 140.

17. Baez stated that, although she had counted the money and put the money into the envelopes, she did not know how much was in each envelope. Depo. 67. ("I know what the total amount was, but I don't know exactly how it was divided. I don't know how much there was in each envelope.") Baez stated that she had written the amount contained in each envelope on the outside of the envelope. Depo. 67, 82. One of the envelopes had the words "para Carmen" written on it. However, Baez denied knowing who had written these words on the envelope and denied knowing who "Carmen" was. Depo. 79. Baez could not recall which envelope she had put the \$35,000 from McKenna into. Depo. 90. Although Baez admitted that she had written other numbers on some of the envelopes, she was unable to explain definitively what they meant. Depo. 81, 88,

95. When asked why she put different amount in each envelope, Baez said "Because everything didn't just fit into one." Depo. 238.

18. Initially, Baez stated that she had gotten all of the envelopes from Fleet Bank. Depo. 76. After being shown copies of the envelopes, she then stated that one of the envelopes was not from Fleet Bank. Depo. 77.

19. When asked about her planned used of the money, Baez stated that she was planning to approximately \$10,000 to make a down payment on a house in Santa Domingo, which she described as a two-story house, located in Arroyao Hondo. Depo. 59. Baez said that she had learned about this house from a company called Aquiy Alla, which she described as a company that advertises homes for sale on American television. Depo. 58. Baez stated that she telephoned a number she had seen on television and was told that the down payment for the house was, 500,000 Dominican pesos, approximately equal to \$10,000. Depo. 59-60. As for the remaining money, Baez stated that, after the customs fees on the container, she would then bring the rest of the cash back to the United States. Depo. 99, 101.

20. Baez stated that, after the seizure, she had paid \$4,000 to Brio in three installments. Depo. 234-235. Baez stated that she had done so because "people might have thought that this was a story that I made up, that the money had been seized, so I had to pay her because the couldn't -- they would not have believed

me otherwise." Depo. 235.

21. When shown the answer to the complaint filed in this case, Baez repeatedly positively identified the signature at the bottom as hers, stating "it is mine." Depo. 51. After the signature were a slash and initials, but Baez stated that, although she could read the initials, she did not know whose initials they were. Depo 50.

22. When shown a list, Baez identified it as the people, phone numbers and amounts paid by the people who had sent packages in the container that she was shipping to the Dominican Republic within a few days of the time the money was seized. Depo 143, 144, 155, 157. One of the people listed was Carmen Baez. Baez stated that Carmen Baez lived in Lawrence, but denied that she was related to her in any way. Depo 151. However, when asked about the same person, Geronimo stated that Carmen Baez was Delia's aunt. Geronimo Depo. 63.

23. Baez stated that the list was written by Geronimo, whom she decribed as "in charge of writing all the information down," "in charge of receiving the boxes" and responsible for packaging. Depo 152, 153, 154. Baez stated that the total amount of money that she received for the shipment was \$19,825. Depo 181.

24. Baez stated that, in addition to the items that other people paid her to ship, she was also shipping some of her own things in the container. Depo 162. The bill of lading from JJB

Trucking Services shows a shipment sent by "Jose Jeronimo" with the address of 3383 Washington Street, Jamaica Plain, shipping a container on August 8, 2002 to the Dominican Republic. The description of the goods was "household good personal efeccts [sic]" "not for sale."

ASSET ID # 02-DEA-409861

**CLAIM FOR RETURN OF PROPERTY
PURSUANT TO TITLE 18 U.S.C. SECTION 983**

I, Delia J. Baez, hereby make a claim pursuant to Title 18 U.S.C. 983 contesting the forfeiture of property seized from me.

1. Property - The property seized is Sixty-Two Thousand Five Hundred Fifty-Two Dollars (\$62,552.00).
2. Claimant's interest in property - I am the owner of the property.

I make this claim under oath subject to the pains and penalties of perjury.

Date:

10/24/02

Delia Baez
Delia J. Baez

Ms. Delia J. Baez
3383 Washington Street
Jamaica Plain, MA 02130

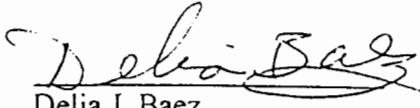
October 24, 2002

Forfeiture Counsel
Asset Forfeiture Section
Office of Domestic Operations
Drug Enforcement Administration
HQS Forfeiture Response
P.O. Box 1475
Quantico, Virginia 22134-1475

RE: Asset ID # 02-DEA-409861

Dear Forfeiture Counsel:

Enclosed please find my claim contesting the forfeiture of property seized from me. I am making this claim pursuant to Title 18 U.S.C., section 983.


Delia J. Baez

CERTIFIED RETURN RECEIPT
7001 1940 0007 1950 1250

UNITED STATES CUSTOMS AND BORDER PROTECTION PROPERTY RECEIPT FOR RETAINED OR SEIZED PROPERTY

CIS Handbook No. HB 5200-09

1. PORT	3. GENERAL ORDER NO.	4. OTHER CONTROL NO.	5. DATE RET/SEIZED 08/30/02
6. RETAINING/SEIZING OFFICER M. WEST, MSP	7. TELEPHONE NO. 617-634-0305	8. NAME & TYPE OF CARRIER	TIME OF DAY 0930 hrs
9. NAME & ADDRESS OF OWNER OR PERSON IN POSSESSION DELIA J. BARR 3383 WASHINGTON ST. JAMAICA PLAIN, MA	10. ENTRY NO.	11. NO. OF PKGS.	12. APPROX. WGT.
16. SECTION OF LAW VIOLATED OR REASON FOR RETENTION 21 USC 881	17. IS PROPERTY TO BE HELD AS EVIDENCE? 1. YES—Give Line Item No(s). 2. NO 1	13. ENTRY NO. (WHB, IT, TE, OTHER (DESCRIBE))	14. SEAL OR OTHER ID NOS. (Bag, Tag, B/L, AWG)
19. PORT DIRECTOR'S ADDRESS c/o: MSP	15. IDENTIFYING MARKS PLACED ON SEIZURE		
18. REMARKS (INCL. RECOMMENDED TYPE STORAGE, IF APPLICABLE)			

20. PROPERTY (By Line Item) Attached to conveyance.

LINE ITEM NO.	DESCRIPTION	CONDITION	TYPE OF CONTAINER	QTY	QTY	APPRAISED DOMESTIC VALUE
1	U.S. Currency (estimated) (Sixty two thousand five hundred fifty two dollars)					

DATE	BY - INDIVIDUAL, TITLE, ORGANIZATION	ITEM(S)	NO. OF UNITS	SIGNATURE
08/30/02	Mark WEST, MSP	1	1	Mark West

22. NOTICE OF ABANDONMENT AND ASSENT TO FORFEITURE			
I hereby abandon all claim to the above-described articles, line item(s) _____, and waive any further rights or proceedings relative to these articles, other than my right to file a petition for administrative relief.			
a. Signature of Importer	b. Date	c. Witness (Customs Officer)	d. Date

COPIES: OWNER/CARRIER/CONSIGNEE/VIOlator; RETAINING/SEIZING OFFICER; FP&F OFFICER; TRANSPORTATION; OTHER TRANSFERS OF CUSTODY

Customs Form 6051 (120795)

EXHIBIT 4

I/We, Manuel A. Espallat and Mirtha J. Espallat, of 93 Cummins Highway, Roslindale, Massachusetts 02131 in consideration of Four Hundred Eighty Thousand and 00/100 Dollars (\$480,000.00) Dollars grant to Delia Baez, of 93 Cummins Highway, Roslindale, Massachusetts 02131 with **QUITCLAIM COVENANTS**

numbered 93
C. Bates, created
and described as

Manuel A. Espaillat

Mirtha J. Espaillet

[illegible]

05/03/2004 Doc: 0279

JAILE & ASSOCIATES
188 SUMNER STREET
EAST BOSTON, MA 02128

93 Cummins Hwy, Rosindale

WHEN RECORDED MAIL TO:

OPTION ONE MORTGAGE CORPORATION
P.O. BOX 57096
IRVINE, CA 92619-7096

ATTN: RECORDS MANAGEMENT

JAILE & ASSOCIATES
188 SUMNER STREET
EAST BOSTON, MA 02128

Loan Number: 231048113
Servicing Number: 001327263-8

SUFFOLK REGISTRY
RECORDS & EXAMINATION

2004 MAY -3 AM 10:49

Jeramias M. Rooden
REGISTER OF DEEDS

[Space Above This Line For Recording Data]

MORTGAGE

THIS MORTGAGE ("Security Instrument") is given on April 30, 2004
DELIA BAEZ

The mortgagor is

("Borrower"). This Security Instrument is given to

Option One Mortgage Corporation, a California Corporation
which is organized and existing under the laws of CALIFORNIA

, and whose address is

3 Ada, Irvine, CA 92618

("Lender"). Borrower owes Lender the principal sum of

THREE HUNDRED EIGHTY FOUR THOUSAND
AND NO/100THS Dollars (U.S. \$384,000.00).

This debt is evidenced by Borrower's note dated the same date as this Security Instrument ("Note"), which provides for monthly
payments, with the full debt, if not paid earlier, due and payable on May 01, 2034.

This Security Instrument secures to Lender: (a) the repayment of the debt evidenced by the Note, with interest, and all renewals, extensions and
modifications of the Note; (b) the payment of all other sums, with interest, advanced under paragraph 7 to protect the security of
this Security Instrument; and (c) the performance of Borrower's covenants and agreements under this Security Instrument and the
Note. For this purpose, Borrower does hereby mortgage, grant and convey to Lender, with power of sale, the following described
property located in Suffolk County, Massachusetts:
97-4027

SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART THEREOF.



which has the address of

93 CUMMINGS HWY, ROSLINDALE

[Street, City]

Massachusetts

02131-
[Zip Code]

("Property Address");

TOGETHER WITH all the improvements now or hereafter erected on the property and all easements, appurtenances, and
fixtures now or hereafter a part of the property. All replacements and additions shall also be covered by this Security Instrument.
All of the foregoing is referred to in this Security Instrument as the "Property."

BORROWER COVENANTS that Borrower is lawfully seized of the estate hereby conveyed and has the right to mortgage,
grant and convey the Property and that the Property is unencumbered, except for encumbrances of record. Borrower warrants and
will defend generally the title to the Property against all claims and demands, subject to any encumbrances of record.

COVENANTS. Borrower and Lender covenant and agree as follows:

1. Payment of Principal and Interest; Prepayment and Late Charges. Borrower shall promptly pay when due the principal
of and interest on the debt evidenced by the Note and any prepayment and late charges due under the Note.

D.B

Loan Number: 231048113

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Date: 04/30/04

2. Funds for Taxes and Insurance. Subject to applicable law or to a written waiver by Lender, Borrower shall pay to Lender on the day monthly payments are due under the Note, until the Note is paid in full, a sum ("Funds") for: (a) yearly taxes and assessments which may attain priority over this Security Instrument as a lien on the Property; (b) yearly leasehold payments or ground rents on the Property, if any; (c) yearly hazard or property insurance premiums; (d) yearly flood insurance premiums, if any; (e) yearly mortgage insurance premiums, if any; and (f) any sums payable by Borrower to Lender, in accordance with the provisions of paragraph 8, in lieu of the payment of mortgage insurance premiums. These items are called "Escrow Items." Lender may, at any time, collect and hold Funds in an amount not to exceed the maximum amount a lender for a federally related mortgage federal Real Estate Settlement Procedures Act of 1974 as amended from time to time, 12 U.S.C. Section 2601 *et seq.* ("RESPA"), unless another law that applies to the Funds sets a lesser amount. If so, Lender may, at any time, collect and hold Funds in an amount not to exceed the lesser amount. Lender may estimate the amount of Funds due on the basis of current data and reasonable estimates of expenditures of future Escrow Items or otherwise in accordance with applicable law.

The Funds shall be held in an institution whose deposits are insured by a federal agency, instrumentality, or entity (including Lender, if Lender is such an institution) or in any Federal Home Loan Bank. Lender shall apply the Funds to pay the Escrow Items. Lender may not charge Borrower for holding and applying the Funds, annually analyzing the escrow account, or verifying the Escrow Items, unless Lender pays Borrower interest on the Funds and applicable law permits Lender to make such a charge. However, Lender may require Borrower to pay a one-time charge for an independent real estate tax reporting service used by Lender in connection with this loan, unless applicable law provides otherwise. Unless an agreement is made or applicable law requires interest to be paid, Lender shall not be required to pay Borrower any interest or earnings on the Funds. Borrower and Lender may agree in writing, however, that interest shall be paid on the Funds. Lender shall give to Borrower, without charge, an annual accounting of the Funds, showing credits and debits to the Funds and the purpose for which each debit to the Funds was made. The Funds are pledged as additional security for all sums secured by this Security Instrument.

If the Funds held by Lender exceed the amounts permitted to be held by applicable law, Lender shall account to Borrower for the excess Funds in accordance with the requirements of applicable law. If the amount of the Funds held by Lender at any time is not sufficient to pay the Escrow Items when due, Lender may so notify Borrower in writing, and, in such case Borrower shall pay to Lender the amount necessary to make up the deficiency. Borrower shall make up the deficiency in no more than twelve monthly payments, at Lender's sole discretion.

Upon payment in full of all sums secured by this Security Instrument, Lender shall promptly refund to Borrower any Funds held by Lender. If, under paragraph 21, Lender shall acquire or sell the Property, Lender, prior to the acquisition or sale of the Property, shall apply any Funds held by Lender at the time of acquisition or sale as a credit against the sums secured by this Security Instrument.

3. Application of Payments. Unless applicable law provides otherwise, all payments received by Lender under paragraphs 1 and 2 shall be applied: first, to any prepayment charges due under the Note; second, to amounts payable under paragraph 2; third, to interest due; fourth, to principal due; and last, to any late charges due under the Note.

4. Charges; Liens. Borrower shall pay all taxes, assessments, charges, fines and impositions attributable to the Property which may attain priority over this Security Instrument, and leasehold payments or ground rents, if any. Borrower shall pay these obligations in the manner provided in paragraph 2, or if not paid in that manner, Borrower shall pay them on time directly to the person owed payment. Borrower shall promptly furnish to Lender all notices of amounts to be paid under this paragraph. If Borrower makes these payments directly, Borrower shall promptly furnish to Lender receipts evidencing the payments.

Borrower shall promptly discharge any lien which has priority over this Security Instrument unless Borrower: (a) agrees in writing to the payment of the obligation secured by the lien in a manner acceptable to Lender; (b) contests in good faith the lien by, or defends against enforcement of the lien in, legal proceedings which in the Lender's opinion operate to prevent the enforcement of the lien; or (c) secures from the holder of the lien an agreement satisfactory to Lender subordinating the lien to this Security Instrument. If Lender determines that any part of the Property is subject to a lien which may attain priority over this Security Instrument, Lender may give Borrower a notice identifying the lien. Borrower shall satisfy the lien or take one or more of the actions set forth above within 10 days of the giving of notice.

5. Hazard or Property Insurance. Borrower shall keep the improvements now existing or hereafter erected on the Property insured against loss by fire, hazards included within the term "extended coverage" and any other hazards, including floods or flooding, for which Lender requires insurance. This insurance shall be maintained in the amounts and for the periods that Lender requires. The insurance carrier providing the insurance shall be chosen by Borrower subject to Lender's approval which shall not be unreasonably withheld. If Borrower fails to maintain coverage described above, Lender may, at Lender's option, obtain coverage to protect Lender's rights in the Property in accordance with paragraph 7.

All insurance policies and renewals shall be acceptable to Lender and shall include a standard mortgage clause. Lender shall have the right to hold the policies and renewals. If Lender requires, Borrower shall promptly give to Lender all receipts of paid premiums and renewal notices. In the event of loss, Borrower shall give prompt notice to the insurance carrier and Lender. Lender may make proof of loss if not made promptly by Borrower.

Unless Lender and Borrower otherwise agree in writing, or applicable Law otherwise requires, insurance proceeds shall be applied first to reimburse Lender for costs and expenses incurred in connection with obtaining any such insurance proceeds, and then, at Lender's option, in such order and proportion as Lender may determine in its sole and absolute discretion, and regardless of any impairment of security or lack thereof: (i) to the sums secured by this Security Instrument, whether or not then due, and to such components thereof as Lender may determine in its sole and absolute discretion; and/or (ii) to Borrower to pay the costs and expenses of necessary repairs or restoration of the Property to a condition satisfactory to Lender. If Borrower abandons the Property, or does not answer within 30 days a notice from Lender that the insurance carrier has offered to settle a claim, Lender may collect the insurance proceeds. Lender may, in its sole and absolute discretion, and regardless of any impairment of security or lack thereof, use the proceeds to repair or restore the Property or to pay the sums secured by this Security Instrument, whether or not then due. The 30-day period will begin when the notice is given.

Unless Lender and Borrower otherwise agree in writing, any application of proceeds to principal shall not extend or postpone the due date of the monthly payments referred to in paragraphs 1 and 2 or change the amount of the payments. If under paragraph 21 the Property is acquired by Lender, Borrower's right to any insurance policies and proceeds resulting from damage to the Property prior to the acquisition shall pass to Lender to the extent of the sums secured by this Security Instrument immediately prior to the acquisition.

If Borrower obtains earthquake insurance, any other hazard insurance, or any other insurance on the Property and such insurance is not specifically required by Lender, then such insurance shall (i) name Lender as loss payee thereunder, and (ii) be subject to the provisions of this paragraph 5.

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6. Occupancy, Preservation, Maintenance and Protection of the Property; Borrower's Loan Application; Leaseholds. Borrower acknowledges that the Lender does not desire to make a loan to Borrower secured by this property on the terms contained in the Note unless the property is to be occupied by Borrower as Borrower's primary/secondary residence. Lender makes non-owner residence loans of different terms. Borrower promises and assures Lender that Borrower intends to occupy this property as Borrower's primary/secondary residence and that Borrower will so occupy this property as its sole primary/secondary residence within sixty (60) days after the date of the Security Instrument. If Borrower breaches this promise to occupy the property as Borrower's primary/secondary residence, then Lender may invoke any of the following remedies, in addition to the remedies provided in the Security Instrument; (1) Declare all sums secured by the Security Instrument due and payable and foreclose the Security Instrument, (2) Decrease the term of the loan and adjust the monthly payments under the Note accordingly, increase the interest rate and adjust the monthly payments under the Note accordingly, or (3) require that the principal balance be reduced to a percentage of either the original purchase price or the appraised value then being offered on non-owner occupied loans.

Borrower shall not destroy, damage or impair the Property, allow the Property to deteriorate, or commit waste on the Property. Borrower shall be in default if any forfeiture action or proceeding, whether civil or criminal, is begun that in Lender's good faith judgment could result in forfeiture of the Property or otherwise materially impair the lien created by this Security Instrument or Lender's security interest. Borrower may cure such a default and reinstate, as provided in paragraph 18, by causing the action or proceeding to be dismissed with a ruling that, in Lender's good faith determination, precludes forfeiture of the Borrower's interest in the Property or other material impairment of the lien created by this Security Instrument or Lender's security interest. Borrower shall also be in default if Borrower, during the loan application process, gave materially false or inaccurate information or statements to Lender (or failed to provide Lender with any material information) in connection with the loan evidenced by the Note, including, but not limited to, representations concerning Borrower's occupancy of the Property as a principal residence. If this Security Instrument is on a leasehold, Borrower shall comply with all the provisions of the lease. If Borrower acquires fee title to the Property, the leasehold and the fee title shall not merge unless Lender agrees to the merger in writing.

Borrower shall, at Borrower's own expense, appear in and defend any action or proceeding purporting to affect the Property or any portion thereof or Borrower's title thereto, the validity or priority of the lien created by this Security Instrument, or the rights or powers of Lender with respect to this Security Instrument or the Property. All causes of action of Borrower, whether accrued before or after the date of this Security Instrument, for damage or injury to the Property or any part thereof, or in connection with any transaction financed in whole or in part by the proceeds of the Note or any other note secured by this Security Instrument, by Lender, or in connection with or affecting the Property or any part thereof, including causes of action arising in tort or contract and causes of action for fraud or concealment of a material fact, are, at Lender's option, assigned to Lender, and the proceeds thereof shall be paid directly to Lender who, after deducting therefrom all its expenses, including reasonable attorneys' fees, may apply such proceeds to the sums secured by this Security Instrument or to any deficiency under this Security Instrument or may release any monies so received by it or any part thereof, as Lender may elect. Lender may, at its option, appear in and prosecute in its own name any action or proceeding to enforce any such cause of action and may make any compromise or settlement thereof. Borrower agrees to execute such further assignments and any other instruments as from time to time may be necessary to effectuate the foregoing provisions and as Lender shall request.

7. Protection of Lender's Rights in the Property. If Borrower fails to perform the covenants and agreements contained in this Security Instrument, or there is a legal proceeding that may significantly affect Lender's rights in the Property (such as a proceeding in bankruptcy, probate, for condemnation or forfeiture or to enforce laws or regulations), then Lender may do and pay for whatever is necessary to protect the value of the Property and Lender's rights in the Property. Lender's actions may include paying any sums secured by a lien which has priority over this Security Instrument, appearing in court, paying reasonable attorneys' fees and entering on the Property to make repairs. Although Lender may take action under this paragraph 7, Lender does not have to do so.

Any amounts disbursed by Lender under this paragraph 7 shall become additional debt of Borrower secured by this Security Instrument. Unless Borrower and Lender agree to other terms of payment, these amounts shall bear interest from the date of disbursement at the Note rate in effect from time to time and shall be payable, with interest, upon notice from Lender to Borrower requesting payment.

8. Mortgage Insurance. If Lender required mortgage insurance as a condition of making the loan secured by this Security Instrument, Borrower shall pay the premiums required to maintain the mortgage insurance in effect. If, for any reason, the mortgage insurance coverage required by Lender lapses or ceases to be in effect, Borrower shall pay the premiums required to obtain coverage substantially equivalent to the mortgage insurance previously in effect, at a cost substantially equivalent to the cost to Borrower of the mortgage insurance previously in effect, from an alternate mortgage insurer approved by Lender. If substantially equivalent mortgage insurance coverage is not available, Borrower shall pay to Lender each month a sum equal to one-twelfth of the yearly mortgage insurance premium being paid by Borrower when the insurance coverage lapsed or ceased to be in effect. Lender will accept, use and retain these payments as a loss reserve in lieu of mortgage insurance. Loss reserve payments may no longer be required, at the option of Lender, if mortgage insurance coverage (in the amount and for the period that Lender requires) provided by an insurer approved by Lender again becomes available and is obtained. Borrower shall pay the premiums required to maintain mortgage insurance in effect, or to provide a loss reserve, until the requirement for mortgage insurance ends in accordance with any written agreement between Borrower and Lender or applicable law.

9. Inspection. Lender or its agent may make reasonable entries upon and inspections of the Property. Lender shall give Borrower notice at the time of or prior to an inspection specifying reasonable cause for the inspection.

10. Condemnation. The proceeds of any award or claim for damages, direct or consequential, in connection with any condemnation or other taking of any part of the Property, or for conveyance in lieu of condemnation, are hereby assigned and shall be paid to Lender. Lender may apply, use or release the condemnation proceeds in the same manner as provided in paragraph 5 hereof with respect to insurance proceeds.

If the Property is abandoned by Borrower, or if, after notice by Lender to Borrower that the condemnor offers to make an award or settle a claim for damages, Borrower fails to respond to Lender within 30 days after the date the notice is given, Lender is authorized to collect and apply the proceeds, at its option, either to restoration or repair of the Property or to the sums secured by this Security Instrument, whether or not then due.

Unless Lender and Borrower otherwise agree in writing, any application of proceeds to principal shall not extend or postpone the due date of the monthly payments referred to in paragraphs 1 and 2 or change the amount of such payments.

11. Borrower Not Released; Forbearance By Lender Not a Waiver. Extension of the time for payment or modification of amortization of the sums secured by this Security Instrument granted by Lender to any successor in interest of Borrower shall not operate to release the liability of the original Borrower or Borrower's successors in interest. Lender shall not be required to

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commence proceedings against any successor in interest or refuse to extend time for payment or otherwise modify amortization of the sums secured by this Security Instrument by reason of any demand made by the original Borrower or Borrower's successors in interest. Any forbearance by Lender in exercising any right or remedy shall not be a waiver of or preclude the exercise of any right or remedy.

12. Successors and Assigns Bound; Joint and Several Liability; Co-signers. The covenants and agreements of this Security Instrument shall bind and benefit the successors and assigns of Lender and Borrower, subject to the provisions of paragraph 17. Borrower's covenants and agreements shall be joint and several. Any Borrower who co-signs this Security Instrument but does not execute the Note: (a) is co-signing this Security Instrument only to mortgage, grant and convey that Borrower's interest in the Property under the terms of this Security Instrument; (b) is not personally obligated to pay the sums secured by this Security Instrument; and (c) agrees that Lender and any other Borrower may agree to extend, modify, forbear or make any accommodations with regard to the terms of this Security Instrument or the Note without that Borrower's consent.

13. Loan Charges. If the loan secured by this Security Instrument is subject to a law which sets maximum loan charges, and that law is finally interpreted so that the interest or other loan charges collected or to be collected in connection with the loan exceed the permitted limits, then: (a) any such loan charge shall be reduced by the amount necessary to reduce the charge to the permitted limit; and (b) any sums already collected from Borrower which exceeded permitted limits will be refunded to Borrower. Lender may choose to make this refund by reducing the principal owed under the Note or by making a direct payment to Borrower. If a refund reduces principal, the reduction will be treated as a partial prepayment without any prepayment charge under the Note.

14. Notices. Any notice to Borrower provided for in this Security Instrument shall be given by delivering it or by mailing it by first class mail unless applicable law requires use of another method. The notice shall be directed to the Property Address or any other address Borrower designates by notice to Lender. Any notice to Lender shall be given by first class mail to Lender's address stated herein or any other address Lender designates by notice to Borrower. Any notice provided for in this Security Instrument shall be deemed to have been given to Borrower or Lender when given as provided in this paragraph.

15. Governing Law; Severability. This Security Instrument shall be governed by federal law and the law of the jurisdiction in which the Property is located. In the event that any provision or clause of this Security Instrument or the Note conflicts with applicable law, such conflict shall not affect other provisions of this Security Instrument or the Note which can be given effect without the conflicting provision. To this end the provisions of this Security Instrument and the Note are declared to be severable.

16. Borrower's Copy. Borrower shall be given one conformed copy of the Note and of this Security Instrument.

17. Transfer of the Property or Beneficial Interest in Borrower. If all or any part of the Property or any interest in it is sold or transferred (or if a beneficial interest in Borrower is sold or transferred and Borrower is not a natural person) without Lender's prior written consent, Lender may, at its option, require immediate payment in full of all sums secured by this Security Instrument. However, this option shall not be exercised by Lender if exercise is prohibited by federal law as of the date of this Security Instrument.

If Lender exercises this option, Lender shall give Borrower notice of acceleration. The notice shall provide a period of not less than 30 days from the date the notice is delivered or mailed within which Borrower must pay all sums secured by this Security Instrument. If Borrower fails to pay these sums prior to the expiration of this period, Lender may invoke any remedies permitted by this Security Instrument without further notice or demand on Borrower.

18. Borrower's Right to Reinstate. If Borrower meets certain conditions, Borrower shall have the right to have enforcement of this Security Instrument discontinued at any time prior to the earlier of: (a) 5 days (or such other period as applicable law may specify for reinstatement) before sale of the Property pursuant to any power of sale contained in this Security Instrument; or (b) entry of a judgment enforcing this Security Instrument. Those conditions are that Borrower: (a) pays Lender all sums which then would be due under this Security Instrument and the Note as if no acceleration had occurred; (b) cures any default of any other covenants or agreements; (c) pays all expenses incurred in enforcing this Security Instrument, including, but not limited to, reasonable attorneys' fees; and (d) takes such action as Lender may reasonably require to assure that the lien of this Security Instrument, Lender's rights in the Property and Borrower's obligation to pay the sums secured by this Security Instrument shall continue unchanged. Upon reinstatement by Borrower, this Security Instrument and the obligations secured hereby shall remain fully effective as if no acceleration had occurred. However, this right to reinstate shall not apply in the case of acceleration under paragraph 17.

19. Sale of Note; Change of Loan Servicer. The Note or a partial interest in the Note (together with this Security Instrument) may be sold one or more times without prior notice to Borrower. A sale may result in a change in the entity (known as the "Loan Servicer") that collects monthly payments due under the Note and this Security Instrument. There also may be one or more changes of the Loan Servicer unrelated to a sale of the Note. If there is a change of the Loan Servicer, Borrower will be given written notice of the change in accordance with paragraph 14 above and applicable law. The notice will state the name and address of the new Loan Servicer and the address to which payments should be made. The notice will also contain any other information required by applicable law. The holder of the Note and this Security Instrument shall be deemed to be the Lender hereunder.

20. Hazardous Substances. Borrower shall not cause or permit the presence, use, disposal, storage, or release of any Hazardous Substances on or in the Property. Borrower shall not do, nor allow anyone else to do, anything affecting the Property that is in violation of any Environmental Law. The preceding two sentences shall not apply to the presence, use, or storage on the Property of small quantities of Hazardous Substances that are generally recognized to be appropriate to normal residential uses and to maintenance of the Property.

Borrower shall promptly give Lender written notice of any investigation, claim, demand, lawsuit or other action by any governmental or regulatory agency or private party involving the Property and any Hazardous Substance or Environmental Law of which Borrower has actual knowledge. If Borrower learns, or is notified by any governmental or regulatory authority, that any removal or other remediation of any Hazardous Substance affecting the Property is necessary, Borrower shall promptly take all necessary remedial actions in accordance with Environmental Law.

Borrower shall be solely responsible for, shall indemnify, defend and hold harmless Lender, its directors, officers, employees, attorneys, agents, and their respective successors and assigns, from and against any and all claims, demands, causes of action, loss, damage, cost (including actual attorneys' fees and court costs and costs of any required or necessary repair, cleanup or detoxification of the Property and the preparation and implementation of any closure, abatement, containment, remedial or other required plan), expenses and liability directly or indirectly arising out of or attributable to (a) the use, generation, storage, release, threatened release, discharge, disposal, abatement or presence of Hazardous Substances on, under or about the Property, (b) the transport to or from the Property of any Hazardous Substances, (c) the violation of any Hazardous Substances law, and (d) any Hazardous Substances claims.

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Loan Number: 231048113

Servicing Number: 001327263-8

Date: 04/30/04

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As used in this paragraph 20, "Hazardous Substances" are those substances defined as toxic or hazardous substances by Environmental Law and the following substances: gasoline, kerosene, other flammable or toxic petroleum products, toxic pesticides and herbicides, volatile solvents, materials containing asbestos or formaldehyde, and radioactive materials. As used in this paragraph 20, "Environmental Law" means federal laws and laws of the jurisdiction where the Property is located that relate to health, safety or environmental protection.

ADDITIONAL COVENANTS. Borrower and Lender further covenant and agree as follows:

21. Acceleration; Remedies. If any installment under the Note or notes secured hereby is not paid when due, or if Borrower should be in default under any provision of this Security Instrument, or if Borrower is in default under any other mortgage or other instrument secured by the Property, all sums secured by this Security Instrument and accrued interest thereon shall at once become due and payable at the option of Lender without prior notice, except as otherwise required by applicable law, and regardless of any prior forbearance. In such event, Lender, at its option, and subject to applicable law, may then or thereafter exercise the statutory power of sale and/or any other remedies or take any other actions permitted by applicable law. Lender will collect all expenses incurred in pursuing the remedies described in this Paragraph 21, including, but not limited to, reasonable attorneys' fees and costs of title evidence.

If Lender invokes the **STATUTORY POWER OF SALE**, Lender shall mail a copy of a notice of sale to Borrower, and to other persons prescribed by applicable law, in the manner provided by applicable law. Lender shall publish the notice of sale, and the Property shall be sold in the manner prescribed by applicable law. Lender or its designee may purchase the Property at any sale. The proceeds of the sale shall be applied in the following order: (a) to all expenses of the sale, including, but not limited to, reasonable attorneys' fees; (b) to all sums secured by this Security Instrument; and (c) any excess to the person or persons legally entitled to it.

22. Release. Upon payment of all sums secured by this Security Instrument, Lender shall release this property without warranty to the person or persons legally entitled to it. Such person or persons shall pay any recordation costs. Lender may charge such person or persons a fee for releasing the Property for services rendered if the charging of the fee is permitted under applicable law.

23. Waivers. Borrower waives all rights of homestead exemption in the Property and relinquishes all rights of curtesy and dower in the Property.

24. Misrepresentation and Nondisclosure. Borrower has made certain written representations and disclosures in order to induce Lender to make the loan evidenced by the Note or notes which this Security Instrument secures, and in the event that Borrower has made any material misrepresentation or failed to disclose any material fact, Lender, at its option and without prior notice or demand, shall have the right to declare the indebtedness secured by this Security Instrument, irrespective of the maturity date specified in the Note or notes secured by this Security Instrument, immediately due and payable.

25. Time is of the Essence. Time is of the essence in the performance of each provision of this Security Instrument.

26. Waiver of Statute of Limitations. The pleading of the statute of limitations as a defense to enforcement of this Security Instrument, or any and all obligations referred to herein or secured hereby, is hereby waived to the fullest extent permitted by applicable law.

27. Modification. This Security Instrument may be modified or amended only by an agreement in writing signed by Borrower and Lender.

28. Reimbursement. To the extent permitted by applicable law, Borrower shall reimburse Trustee and Lender for any and all costs, fees and expenses which either may incur, expend or sustain in the execution of the trust created hereunder or in the performance of any act required or permitted hereunder or by law or in equity or otherwise arising out of or in connection with this Security Instrument, the Note, any other note secured by this Security Instrument or any other instrument executed by Borrower in connection with the Note or Security Instrument. To the extent permitted by applicable law, Borrower shall pay to Trustee and Lender their fees in connection with Trustee and Lender including, but not limited to assumption application fees; fees for payoff demands and, statements of loan balance; fees for making, transmitting and transporting copies of loan documents, verifications, full or partial lien releases and other documents requested by borrower or necessary for performance of Lender's rights or duties under this Security Instrument; fees arising from a returned or dishonored check; fees to determine whether the Property is occupied, protected, maintained or insured or related purposes; appraisal fees, inspection fees, legal fees, broker fees, insurance mid-term substitutions, repair expenses, foreclosure fees and costs arising from foreclosure of the Property and protection of the security for this Security Instrument; and all other fees and costs of a similar nature not otherwise prohibited by law.

29. Clerical Error. In the event Lender at any time discovers that the Note, any other note secured by this Security Instrument, the Security Instrument, or any other document or instrument executed in connection with the Security Instrument, Note or notes contains an error that was caused by a clerical mistake, calculation error, computer malfunction, printing error or similar error, Borrower agrees, upon notice from Lender, to re-execute any documents that are necessary to correct any such error(s). Borrower further agrees that Lender will not be liable to Borrower for any damages incurred by Borrower that are directly or indirectly caused by any such error.

30. Lost Stolen, Destroyed or Mutilated Security Instrument and Other Documents. In the event of the loss, theft or destruction of the Note, any other note secured by this Security Instrument, the Security Instrument or any other documents or instruments executed in connection with the Security Instrument, Note or notes (collectively, the "Loan Documents"), upon Borrower's receipt of an indemnification executed in favor of Borrower by Lender, or, in the event of the mutilation of any of the Loan Documents, upon Lender's surrender to Borrower of the mutilated Loan Document, Borrower shall execute and deliver to Lender a Loan Document in form and content identical to, and to serve as a replacement of, the lost, stolen, destroyed, or mutilated Loan document, and such replacement shall have the same force and effect as the lost, stolen, destroyed, or mutilated Loan Documents, and may be treated for all purposes as the original copy of such Loan Document.

31. Assignment of Rents. As additional security hereunder, Borrower hereby assigns to Lender the rents of the Property. Borrower shall have the right to collect and retain the rents of the Property as they become due and payable provided Lender has not exercised its rights to require immediate payment in full of the sums secured by this Security instrument and Borrower has not abandoned the Property.

32. Riders to this Security Instrument. If one or more riders are executed by Borrower and recorded together with this Security Instrument, the covenants and agreements of each such rider shall be incorporated into and shall amend and supplement the covenants and agreements of this Security Instrument as if the rider(s) were a part of this Security Instrument.

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Loan Number: 231048113

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[Check applicable box(es)]

☒ Adjustable Rate Rider

☐ Condominium Rider

☐ 1-4 Family Rider

☐ No Prepayment Penalty Option Rider

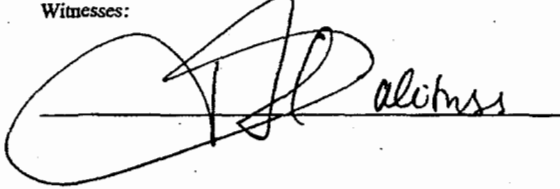
☐ Planned Unit Development Rider

☐ Occupancy Rider

☐ Other(s) (specify)

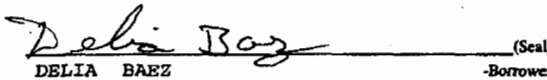
BY SIGNING BELOW, Borrower accepts and agrees to the terms and covenants contained in this Security Instrument and in any rider(s) executed by Borrower and recorded with it.

Witnesses:

 _____
-Borrower

(Seal)
-Borrower

(Seal)
-Borrower

 _____
DELIA BAEZ -Borrower

(Seal)
-Borrower

(Seal)
-Borrower

COMMONWEALTH OF MASSACHUSETTS,

County ss: Suffolk

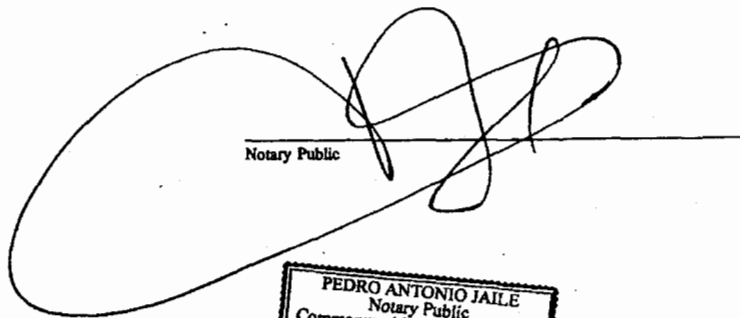
On this 30 day of April 2004, personally appeared

DELIA BAEZ

, before me, the undersigned notary public,

proved to me through satisfactory evidence of identification, which was/were to be the person(s) whose name(s) is signed on the preceding document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.

My Commission Expires:
(Seal)

 _____
Notary Public

PEDRO ANTONIO JAILE
Notary Public
Commonwealth of Massachusetts
My Commission Expires
December 9, 2005

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Loan Number: 231048113 Servicing Number: 001327263-8 Date: 04/30/04

**ADJUSTABLE RATE RIDER
(LIBOR Index - Rate Caps)**

THIS ADJUSTABLE RATE RIDER is made April 30, 2004 and is incorporated into and shall be deemed to amend and supplement the Mortgage, Deed of Trust or Security Deed (the "Security Instrument") of the same date given by the undersigned (the "Borrower") to secure Borrower's Adjustable Rate Note (the "Note") to Option One Mortgage Corporation, a California Corporation (the "Lender") of the same date and covering the property described in the Security Instrument and located at:

93 CUMMINGS HWY, ROSLINDALE, MA 02131-

[Property Address]

THE NOTE CONTAINS PROVISIONS ALLOWING FOR CHANGES IN THE INTEREST RATE AND THE MONTHLY PAYMENT. THE NOTE LIMITS THE AMOUNT THE BORROWER'S INTEREST RATE CAN CHANGE AT ANY ONE TIME AND THE MAXIMUM RATE THE BORROWER MUST PAY.

ADDITIONAL COVENANTS. In addition to the covenants and agreements made in the Security Instrument, Borrower and Lender further covenant and agree as follows:

The Note provides for an initial interest rate of 4.990%. The Note provides for changes in the interest rate and the monthly payments, as follows:

4. INTEREST RATE AND MONTHLY PAYMENT CHANGES

(A) Change Dates

The interest rate I will pay may change on the first day of May 01 2006, and on that day every sixth month thereafter. Each date on which my interest rate could change is called a "Change Date."

(B) The Index

Beginning with the first Change Date, my interest rate will be based on an Index. The "Index" is the average of interbank offered rates for six-month U.S. dollar-denominated deposits in the London market ("LIBOR"), as published in *The Wall Street Journal*. The most recent Index figure available as of the first business day of the month immediately preceding the month in which the Change Date occurs is called the "Current Index."

If the Index is no longer available, the Note Holder will choose a new index that is based upon comparable information. The Note Holder will give me notice of this choice.

(C) Calculation of Changes

Before each Change Date, the Note Holder will calculate my new interest rate by adding THREE AND 95/100 percentage point(s) (3.950%) to the Current Index. The Note Holder will then round the result of this addition to the next higher one-eighth of one percentage point (0.125%). Subject to the limits stated in Section 4(D) below, this rounded amount will

MULTISTATE ADJUSTABLE RATE RIDER-LIBOR INDEX - Single Family

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be my new interest rate until the next Change Date.

The Note Holder will then determine the amount of the monthly payment that would be sufficient to repay the unpaid principal that I am expected to owe at the Change Date in full on the Maturity Date at my new interest rate in substantially equal payments. The result of this calculation will be the new amount of my monthly payment.

(D) Limits on Interest Rate Changes

The interest rate I am required to pay at the first Change Date will not be greater than 7.990% or less than 4.990%. Thereafter, my interest rate will never be increased or decreased on any single Change Date by more than one percentage point (1.0%) from the rate of interest I have been paying for the preceding six months. In no event will my interest rate be greater than 10.990% or less than 4.990%.

(E) Effective Date of Changes

My new interest rate will become effective on each Change Date. I will pay the amount of my new monthly payment beginning on the first monthly payment date after the Change Date until the amount of my monthly payment changes again.

(F) Notice of Changes

The Note Holder will deliver or mail to me a notice of any changes in my interest rate and the amount of my monthly payment before the effective date of any change. The notice will include information required by law to be given me and also the title and telephone number of a person who will answer any question I may have regarding the notice.

TRANSFER OF THE PROPERTY OR A BENEFICIAL INTEREST IN BORROWER

Covenant 17 of the Security Instrument is amended to read as follows:

Transfer of the Property or a Beneficial Interest in Borrower. If all or any part of the Property or any interest in it is sold or transferred (or if a beneficial interest in Borrower is sold or transferred and Borrower is not a natural person) without Lender's prior written consent, Lender may, at its option, require immediate payment in full of all sums secured by this Security Instrument. However, this option shall not be exercised by Lender if exercise is prohibited by federal law as of the date of this Security Instrument. Lender also shall not exercise this option if: (a) Borrower causes to be submitted to Lender information required by Lender to evaluate the intended transferee as if a new loan were being made to the transferee; and (b) Lender reasonably determines that Lender's security will not be impaired by the loan assumption and that the risk of a breach of any covenant or agreement in this Security Instrument is acceptable to Lender.

To the extent permitted by applicable law, Lender may charge a reasonable fee as a condition to Lender's consent to the loan assumption. Lender may also require the transferee to sign an assumption agreement that is acceptable to Lender and that obligates the transferee to keep all the promises and agreements made in the Note and in this Security Instrument. Borrower will continue to be obligated under the Note and this Security Instrument unless Lender releases Borrower in writing.

If Lender exercises the option to require immediate payment in full, Lender shall give Borrower notice of acceleration. The notice shall provide a period of not less than 30 days from the date the notice is delivered or mailed within which Borrower must pay all sums secured by this Security Instrument. If Borrower fails to pay these sums prior to the expiration of this period, Lender may invoke any remedies permitted by this Security Instrument without further notice or demand on Borrower.

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BY SIGNING BELOW, Borrower accepts and agrees to the terms and covenants contained in this Adjustable Rate Rider.

Delia Baez (Seal)
DELIA BAEZ

____ (Seal)

____ (Seal)

____ (Seal)

____ (Seal)

____ (Seal)

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Exhibit A - Property Description

Closing date: April 30, 2004
Borrower(s): Delia Baez
Property Address: 93 Cummins Highway, Roslindale, Massachusetts 02131

The land and buildings thereon, situated in that part of Boston, called Roslindale, now know and numbered as 93 Cummins Highway, formerly called Ashland Street, shown as Lot 2, on a plan of land by Walter C. Bates, C.E. dated November 28, 1921, recorded with Suffolk Registry of Deeds Book 4331, page 534, and bounded and described as follows:

Northeasterly by Cummins Highway, formerly Ashland Street, 80 Feet;
Southeasterly by Lot 1, on said plan, 102 feet.
Southwesterly by land now or formerly owned by Catherine L. Byrne, 75 feet;
Northwesterly by Sycamore Street, 100 feet.

Containing, according to said plan, 7,810 square feet.

For our title see deed recorded herewith.

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WHEN RECORDED MAIL TO:

OPTION ONE MORTGAGE CORPORATION

P.O. BOX 57096
IRVINE, CA 92619-7096

ATTN: QUALITY CONTROL

2004 MAY -3 AM 10:49

J. M. Rouse
REGISTER OF DEEDSLoan Number: 231048114
Servicing Number: 001327313-1JAILE & ASSOCIATES
188 SUMNER STREET
EAST BOSTON, MA 02128

MORTGAGE

THIS MORTGAGE is made this 30 day of April, 2004, between the Mortgagor,
DELIA BAEZ(herein "Borrower"), and the Mortgagee,
Option One Mortgage Corporation, a California Corporation
a corporation organized and
existing under the laws of California, whose address is
3 Ada, Irvine, CA 92618(herein "Lender").
WHEREAS, Borrower is indebted to Lender in the principal sum of U.S. \$ 96,000.00, which
indebtedness is evidenced by Borrower's note dated April 30, 2004 and extensions and renewals
thereof (herein "Note"), providing for monthly installments of principal and interest, with the balance of
indebtedness, if not sooner paid, due and payable on May 01, 2034;TO SECURE to Lender the repayment of the indebtedness evidenced by the Note, with interest thereon;
the payment of all other sums, with interest thereon, advanced in accordance herewith to protect the security of this
Mortgage; and the performance of the covenants and agreements of Borrower herein contained, Borrower does
hereby mortgage, grant and convey to Lender, with power of sale, the following described property located in the
County of Suffolk97-4027, State of Massachusetts:
SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART THEREOF.

05/03/2004 Doc: 0281

which has the address of 93 CUMMINGS HWY [Street]
ROSLINDALE [City], Massachusetts 02131- [Zip Code] ("Property Address");TOGETHER with all the improvements now or hereafter erected on the property, and all easements, rights,
appurtenances and rents, all of which shall be deemed to be and remain a part of the property covered by this
Mortgage; and all of the foregoing, together with said property (or the leasehold estate if this Mortgage is on a
leasehold) are hereinafter referred to as the "Property."Borrower covenants that Borrower is lawfully seized of the estate hereby conveyed and has the right to
mortgage, grant and convey the Property, and that the Property is unencumbered, except for encumbrances of
record. Borrower covenants that Borrower warrants and will defend generally the title to the Property against all
claims and demands, subject to encumbrances of record.

UNIFORM COVENANTS. Borrower and Lender covenant and agree as follows:

1. **Payment of Principal and Interest.** Borrower shall promptly pay when due the principal and interest
indebtedness evidenced by the Note and late charges as provided in the Note.2. **Funds for Taxes and Insurance.** Subject to applicable law or a written waiver by Lender, Borrower shall
pay to Lender on the day monthly payments of principal and interest are payable under the Note, until the Note is
paid in full, a sum (herein "Funds") equal to one-twelfth of the yearly taxes and assessments (including
condominium and planned unit development assessments, if any) which may attain priority over this Mortgage and
ground rents on the Property, if any, plus one-twelfth of yearly premium installments for hazard insurance, plus
one-twelfth of yearly premium installments for mortgage insurance, if any, all as reasonably estimated initially and
from time to time by Lender on the basis of assessments and bills and reasonable estimates thereof. Borrower shall
not be obligated to make such payments of Funds to Lender to the extent that Borrower makes such payments to
the holder of a prior mortgage or deed of trust if such holder is an institutional lender.

93 Cummings Hwy. Roslindale, MA

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If Borrower pays Funds to Lender, the Funds shall be held in an institution the deposits or accounts of which are insured or guaranteed by a federal or state agency (including Lender if Lender is such an institution). Lender shall apply the Funds to pay said taxes, assessments, insurance premiums and ground rents. Lender may not charge for so holding and applying the Funds, analyzing said account or verifying and compiling said assessments and bills, unless Lender pays Borrower interest on the Funds and applicable law permits Lender to make such a charge. Borrower and Lender may agree in writing at the time of execution of this Mortgage that interest on the Funds shall be paid to Borrower, and unless such agreement is made or applicable law requires such interest to be paid, Lender shall not be required to pay Borrower any interest or earnings on the Funds. Lender shall give to Borrower, without charge, an annual accounting of the Funds showing credits and debits to the Funds and the purpose for which each debit to the Funds was made. The Funds are pledged as additional security for the sums secured by this Mortgage.

If the amount of the Funds held by Lender, together with the future monthly installments of Funds payable prior to the due dates of taxes, assessments, insurance premiums and ground rents, shall exceed the amount required to pay said taxes, assessments, insurance premiums and ground rents as they fall due, such excess shall be, at Borrower's option, either promptly repaid to Borrower or credited to Borrower on monthly installments of Funds. If the amount of the Funds held by Lender shall not be sufficient to pay taxes, assessments, insurance premiums and ground rents as they fall due, Borrower shall pay to Lender any amount necessary to make up the deficiency in one or more payments as Lender may require.

Upon payment in full of all sums secured by this Mortgage, Lender shall promptly refund to Borrower any Funds held by Lender. If under paragraph 17 hereof the Property is sold or the Property is otherwise acquired by Lender, Lender shall apply, no later than immediately prior to the sale of the Property or its acquisition by Lender, any Funds held by Lender at the time of application as a credit against the sums secured by this Mortgage.

3. Application of Payments. Unless applicable law provide otherwise, all payments received by Lender under paragraphs 1 and 2 shall be applied in the following order (i) prepayment charges due under the Note, if any; (ii) amounts payable under Section 2; (iii) interest then due under the Note; (iv) principal then due under the Note; (v) any other charges then due under or relating to the Note or Security Instrument including but not limited to late charges and non sufficient funds; (vi) any payments or premiums due for optional products that I have authorized; and (vii) the unpaid Principal balance of the Note.

4. Prior Mortgages and Deeds of Trust; Charges; Liens. Borrower shall perform all of Borrower's obligations under any mortgage, deed of trust or other security agreement with a lien which has priority over this Mortgage, including Borrower's covenants to make payments when due. Borrower shall pay or cause to be paid all taxes, assessments and other charges, fines and impositions attributable to the Property which may attain a priority over this Mortgage, and leasehold payments or ground rents, if any.

5. Hazard Insurance. Borrower shall keep the improvements now existing or hereafter erected on the Property insured against loss by fire, hazards included within the term "extended coverage," and such other hazards as Lender may require and in such amounts and for such periods as Lender may require.

The insurance carrier providing the insurance shall be chosen by Borrower subject to approval by Lender; provided, that such approval shall not be unreasonably withheld. All insurance policies and renewals thereof shall be in a form acceptable to Lender and shall include a standard mortgage clause in favor of and in a form acceptable to Lender. Lender shall have the right to hold the policies and renewals thereof, subject to the terms of any mortgage, deed of trust or other security agreement with a lien which has priority over this Mortgage.

In the event of loss, Borrower shall give prompt notice to the insurance carrier and Lender. Lender may make proof of loss if not made promptly by Borrower.

If Borrower abandons the Property, Lender may file, negotiate, and settle any available insurance claim and related matters. If Borrower does not respond within 30 days to a notice from Lender that the insurance carrier has offered to settle a claim, then Lender may negotiate and settle the claim. The 30 day period will begin when the notice is given. In either event, or if Lender acquires the Property under Section 22 or otherwise, Borrower hereby assigns to Lender (a) Borrower's rights to any insurance proceeds in an amount not to exceed the amounts unpaid under the Note or this Security Instrument, and (b) any other of Borrower's rights (other than the right to any refund of the unearned premiums paid by Borrower) under all insurance policies covering the Property, insofar as such rights are applicable to the coverage of the Property. Lender may use the insurance proceeds either to repair or restore the Property or to pay amounts unpaid under the Note or this Security Instrument, whether or not then due.

6. Preservation and Maintenance of Property; Leaseholds; Condominiums; Planned Unit Developments. Borrower shall keep the Property in good repair and shall not commit waste or permit impairment or deterioration of the Property and shall comply with the provisions of any lease if this Mortgage is on a leasehold. If this Mortgage is on a unit in a condominium or a planned unit development, Borrower shall perform all of Borrower's obligations under the declaration or covenants creating or governing the condominium or planned unit development, the by-laws and regulations of the condominium or planned unit development, and constituent documents.

7. Protection of Lender's Security. If Borrower fails to perform the covenants and agreements contained in this Mortgage, or if any action or proceeding is commenced which materially affects Lender's interest in the Property, then Lender, at Lender's option, upon notice to Borrower, may make such appearances, disburse such sums, including reasonable attorneys' fees, and take such action as is necessary to protect Lender's interest. If Lender required mortgage insurance as a condition of making the loan secured by this Mortgage, Borrower shall pay the premiums required to maintain such insurance in effect until such time as the requirement for such insurance terminates in accordance with Borrower's and Lender's written agreement or applicable law.

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Any amounts disbursed by Lender pursuant to this paragraph 7, with interest thereon, at the Note rate, shall become additional indebtedness of Borrower secured by this Mortgage. Unless Borrower and Lender agree to other terms of payment, such amounts shall be payable upon notice from Lender to Borrower requesting payment thereof. Nothing contained in this paragraph 7 shall require Lender to incur any expense or take any action hereunder.

8. Inspection. Lender may make or cause to be made reasonable entries upon and inspections of the Property, provided that Lender shall give Borrower notice prior to any such inspection specifying reasonable cause therefor related to Lender's interest in the Property.

9. Condemnation. The proceeds of any award or claim for damages, direct or consequential, in connection with any condemnation or other taking of the Property, or part thereof, or for conveyance in lieu of condemnation, are hereby assigned and shall be paid to Lender, subject to the terms of any mortgage, deed of trust or other security agreement with a lien which has priority over this Mortgage.

10. Borrower Not Released; Forbearance By Lender Not a Waiver. Extension of the time for payment or modification of amortization of the sums secured by this Mortgage granted by Lender to any successor in interest of Borrower shall not operate to release, in any manner, the liability of the original Borrower and Borrower's successors in interest. Lender shall not be required to commence proceedings against such successor or refuse to extend time for payment or otherwise modify amortization of the sums secured by this Mortgage by reason of any demand made by the original Borrower and Borrower's successors in interest. Any forbearance by Lender in exercising any right or remedy hereunder, or otherwise afforded by applicable law, shall not be a waiver of or preclude the exercise of any such right or remedy.

11. Successors and Assigns Bound; Joint and Several Liability; Co-signers. The covenants and agreements herein contained shall bind, and the rights hereunder shall inure to, the respective successors and assigns of Lender and Borrower, subject to the provisions of paragraph 16 hereof. All covenants and agreements of Borrower shall be joint and several. Any Borrower who co-signs this Mortgage, but does not execute the Note, (a) is co-signing this Mortgage only to mortgage, grant and convey that Borrower's interest in the Property to Lender under the terms of this Mortgage, (b) is not personally liable on the Note or under this Mortgage, and (c) agrees that Lender and any other Borrower hereunder may agree to extend, modify, forbear, or make any other accommodations with regard to the terms of this Mortgage or the Note without that Borrower's consent and without releasing that Borrower or modifying this Mortgage as to that Borrower's interest in the Property.

12. Notice. Except for any notice required under applicable law to be given in another manner, (a) any notice to Borrower provided for in this Mortgage shall be given by delivering it or by mailing such notice by certified mail addressed to Borrower at the Property Address or at such other address as Borrower may designate by notice to Lender as provided herein, and (b) any notice to Lender shall be given by certified mail to Lender's address stated herein or to such other address as Lender may designate by notice to Borrower as provided herein. Any notice provided for in this Mortgage shall be deemed to have been given to Borrower or Lender when given in the manner designated herein.

13. Governing Law; Severability. The state and local laws applicable to this Mortgage shall be the laws of the jurisdiction in which the Property is located. The foregoing sentence shall not limit the applicability of federal law to this Mortgage. In the event that any provision or clause of this Mortgage or the Note conflicts with applicable law, such conflict shall not affect other provisions of this Mortgage or the Note which can be given effect without the conflicting provision, and to this end the provisions of this Mortgage and the Note are declared to be severable. As used herein, "costs," "expenses" and "attorneys' fees" include all sums to the extent not prohibited by applicable law or limited herein.

14. Borrower's Copy. Borrower shall be furnished a conformed copy of the Note and of this Mortgage at the time of execution or after recordation hereof.

15. Rehabilitation Loan Agreement. Borrower shall fulfill all of Borrower's obligations under any home rehabilitation, improvement, repair, or other loan agreement which Borrower enters into with Lender. Lender, at Lender's option, may require Borrower to execute and deliver to Lender, in a form acceptable to Lender, an assignment of any rights, claims or defenses which Borrower may have against parties who supply labor, materials or services in connection with improvements made to the Property.

16. Transfer of the Property or a Beneficial Interest in Borrower. If all or any part of the Property or any interest in it is sold or transferred (or if a beneficial interest in Borrower is sold or transferred and Borrower is not a natural person) without Lender's prior written consent, Lender may, at its option, require immediate payment in full of all sums secured by this Mortgage. However, this option shall not be exercised by Lender if exercise is prohibited by federal law as of the date of this Mortgage.

If Lender exercises this option, Lender shall give Borrower notice of acceleration. The notice shall provide a period of not less than 30 days from the date the notice is delivered or mailed within which Borrower must pay all sums secured by this Mortgage. If Borrower fails to pay these sums prior to the expiration of this period, Lender may invoke any remedies permitted by this Mortgage without further notice or demand on Borrower.

NON-UNIFORM COVENANTS. Borrower and Lender further covenant and agree as follows:

17. Acceleration; Remedies. Except as provided in paragraph 16 hereof, upon Borrower's breach of any covenant or agreement of Borrower in this Mortgage, including the covenants to pay when due any sums secured by this Mortgage, Lender prior to acceleration shall give notice to Borrower as provided in paragraph 12 hereof specifying: (1) the breach; (2) the action required to cure such breach; (3) a date, not less than 10 days from the date the notice is mailed to Borrower, by which such breach must be cured; and (4) that failure to cure such breach on or before the date specified in the notice may result in acceleration of the sums secured by this Mortgage and sale of the Property. The notice shall further inform Borrower of the right

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Date: 04/30/04

to reinstate after acceleration and the right to bring a court action to assert the nonexistence of a default or any other defense of Borrower to acceleration and sale. If breach is not cured on or before the date specified in the notice, Lender, at Lender's option, may declare all of the sums secured by this Mortgage to be immediately due and payable without further demand and may invoke the STATUTORY POWER OF SALE and any other remedies permitted by applicable law. Lender shall be entitled to collect all reasonable costs and expenses incurred in pursuing the remedies provided in this paragraph 17, including, but not limited to, reasonable attorneys' fees.

If Lender invokes the STATUTORY POWER OF SALE, Lender shall mail a copy of a notice of sale to Borrower, and to any other person required by applicable law, in the manner provided by applicable law. Lender shall publish the notice of sale and the Property shall be sold in the manner prescribed by applicable law. Lender or Lender's designee may purchase the Property at any sale. The proceeds of the sale shall be applied in the following order: (a) to all reasonable costs and expenses of the sale, including reasonable attorneys' fees and costs of title evidence; (b) to all sums secured by this Mortgage; and (c) the excess, if any, to the person or persons legally entitled thereto.

18. **Borrower's Right to Reinstate.** Notwithstanding Lender's acceleration of the sums secured by this Mortgage due to Borrower's breach, Borrower shall have the right to have any proceedings begun by Lender to enforce this Mortgage discontinued at any time prior to the earlier to occur of (i) sale of the Property pursuant to the power of sale contained in this Mortgage or (ii) entry of a judgment enforcing this Mortgage if: (a) Borrower pays Lender all sums which would be then due under this Mortgage and the Note had no acceleration occurred; (b) Borrower cures all breaches of any other covenants or agreements of Borrower contained in this Mortgage; (c) Borrower pays all reasonable expenses incurred by Lender in enforcing the covenants and agreements of Borrower contained in this Mortgage, and in enforcing Lender's remedies as provided in paragraph 17 hereof, including, but not limited to, reasonable attorneys' fees; and (d) Borrower takes such action as Lender may reasonably require to assure that the lien of this Mortgage, Lender's interest in the Property and Borrower's obligation to pay the sums secured by this Mortgage shall continue unimpaired. Upon such payment and cure by Borrower, this Mortgage and the obligations secured hereby shall remain in full force and effect as if no acceleration had occurred.

19. **Assignment of Rents; Lender in Possession.** As additional security hereunder, Borrower hereby assigns to Lender the rents of the Property, provided that Borrower shall, prior to acceleration under paragraph 17 hereof or abandonment of the Property, have the right to collect and retain such rents as they become due and payable.

Upon acceleration under paragraph 17 hereof or abandonment of the Property, Lender shall be entitled to enter upon, take possession of and manage the Property and to collect the rents of the Property including those past due. All rents collected by Lender shall be applied first to payment of the costs of management of the Property and collection of rents, including, but not limited to, reasonable attorneys' fees, and then to the sums secured by this Mortgage. Lender shall be liable to account only for those rents actually received.

20. **Release.** Upon payment of all sums secured by this Mortgage, Lender shall discharge this Mortgage without cost to Borrower. Borrower shall pay all costs of recordation, if any.

21. **Lost, Stolen, Destroyed or Mutilated Security Instrument and Other Documents.** In the event of the loss, theft or destruction of the Note, any other notes secured by this Security Instrument, the Security Instrument or any other documents or instruments executed in connection with the Security Instrument, Note or notes (collectively, the "Loan Documents"), upon Borrower's receipt of an indemnification executed in favor of Borrower by Lender, or, in the event of the mutilation of any of the Loan Documents, upon Lender's surrender to Borrower of the mutilated Loan Document, Borrower shall execute and deliver to Lender a Loan Document in form and content identical to, and to serve as a replacement of, the lost, stolen, destroyed, or mutilated Documents, and may be treated for all purposes as the original copy of such Loan Document.

22. **Riders to this Security Instrument.** If one or more riders are executed by Borrower and recorded together with this Security Instrument, the covenants and agreements of each such rider shall be incorporated into and shall amend and supplement the covenants and agreements of this Security Instrument as if the rider(s) were a part of this Security Instrument.

[Check applicable box(es)]

- | | | |
|---|---|---|
| <input type="checkbox"/> Adjustable Rate Rider | <input type="checkbox"/> Condominium Rider | <input type="checkbox"/> 1-4 Family Rider |
| <input type="checkbox"/> No Prepayment Penalty Option Rider | <input type="checkbox"/> Planned Unit Development Rider | <input type="checkbox"/> Occupancy Rider |
| <input type="checkbox"/> Other(s) (specify) | | |

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Loan Number: 231048114

Servicing Number: 001327313-1

Date: 04/30/04

**REQUEST FOR NOTICE OF DEFAULT
AND FORECLOSURE UNDER SUPERIOR
MORTGAGES OR DEEDS OF TRUST**

Borrower and Lender request the holder of any mortgage, deed of trust or other encumbrance with a lien which has priority over this Mortgage to give Notice to Lender, at Lender's address set forth on page one of this Mortgage, of any default under the superior encumbrance and of any sale or other foreclosure action.

IN WITNESS WHEREOF, Borrower has executed this Mortgage under Seal.

Delia Baez (Seal)
DELIA BAEZ -Borrower

____ (Seal)
____ -Borrower

____ (Seal)
____ -Borrower

____ (Seal)
____ -Borrower

____ (Seal)
____ -Borrower

____ (Seal)
____ -Borrower

(Sign Original Only)

COMMONWEALTH OF MASSACHUSETTS,

County ss:

Suffolk

On this 30 day of April 2007,
personally appeared

Delia BAEZ

, before me, the undersigned notary public,

proved to me through satisfactory evidence of identification, which/was were to be the person(s) whose name(s) is/are signed on the preceding document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.

My Commission Expires:
(Seal)

Notary Public

PEORO ANTONIO JAILE
Notary Public
Commonwealth of Massachusetts
My Commission Expires
December 9, 2005

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Exhibit A - Property Description

Closing date: April 30, 2004
Borrower(s): Delia Baez
Property Address: 93 Cummins Highway, Roslindale, Massachusetts 02131

The land and buildings thereon, situated in that part of Boston, called Roslindale, now know and numbered as 93 Cummins Highway, formerly called Ashland Street, shown as Lot 2, on a plan of land by Walter C. Bates, C.E. dated November 28, 1921, recorded with Suffolk Registry of Deeds Book 4331, page 534, and bounded and described as follows:

Northeasterly by Cummins Highway, formerly Ashland Street, 80 Feet;
Southeasterly by Lot 1, on said plan, 102 feet.
Southwesterly by land now or formerly owned by Catherine L. Byrne, 75 feet;
Northwesterly by Sycamore Street, 100 feet.

Containing, according to said plan, 7,810 square feet.

For our title see deed recorded herewith.

Subject to first mortgage recorded herewith.

866 13 156
DECLARATION OF HOMESTEAD

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I, **Delia Baez** of Roslindale, Massachusetts owning and occupying as my principal residence the real estate at 93 Cummins Highway, Roslindale, Massachusetts 02131 acquired by me by

☐ inheritance from _____, Probate Court # _____

☒ by deed recorded herewith

hereby declare a homestead in said premises under the provisions of Chapter 188, Section 1, of the General Laws of Massachusetts.

I expressly reserve the right to myself and my spouse and to the survivor of us, and to the Executor or Administrator of the survivor of us, to revoke and rescind this Homestead as to ourselves and our minor, unmarried children.

Executed as a sealed instrument this 30th day of April, 2004.

Delia Baez
Delia Baez

Commonwealth of Massachusetts,

Suffolk, ss:

On this 30th day of April, 2004, before me personally appeared Delia Baez, to me known to be the person(s) described in and who executed the forgoing instrument, and acknowledged that he/she executed the same as his/her free act and deed.

Notary Public: *Pedro A. Jaile*
My Commission Expires: December 9, 2005



05/03/2004 Doc: 0282

0/3
JAILE & ASSOCIATES
188 SUMNER STREET
EAST BOSTON, MA 02128